



[Consumer Name]  
[Consumer Address]

Re: [Consumer Names]  
Cc: [YHI Staff] - YOUR HEALTH IDAHO

Your Appeal Case ID #: [Federal Number]

## MARKETPLACE ELIGIBILITY APPEAL FINAL DECISION

Dear [Consumer Name]:

The Patient Protection and Affordable Care Act (ACA) gives Marketplace applicants and enrollees the right to appeal certain eligibility determinations. Eligibility appeals are reviewed “de novo,” meaning, without regard to any prior eligibility determinations made in the matter being appealed. Applicants and enrollees may appeal decisions made by a State Exchange appeals entity directly to the Department of Health and Human Services Marketplace Appeals entity.<sup>1</sup>

Before we issued this notice, we considered the information used in your State Marketplace Eligibility Determination and in your eligibility appeal with the State Exchange, as well as any additional relevant evidence presented during the course of this Federal Marketplace eligibility appeal.<sup>2</sup>

**This is the final resolution of your Federal Marketplace eligibility appeal.**

### Procedural History

On **November 30, 2015**, the appellant filed an appeal with Your Health Idaho’s appeals entity which was received by the State Exchange entity on December 15, 2015.

---

<sup>1</sup> See 45 CFR § 155.505(c).

<sup>2</sup> See 45 CFR § 155.535(e).

On **January 20, 2016**, an appeal hearing was held by Your Health Idaho's Appeal Panel. The record reflects that the appellant, [Consumer Name], and [YHI Staff], representative for Your Health Idaho, were present.

On **January 20, 2016**, the Your Health Idaho's Appeal Panel issued its decision upholding the appellant's June 30, 2015 coverage termination date. That decision offers no record of materials submitted into evidence at hearing.

On **February 16, 2016**, we received appellant's appeal request at the Federal Marketplace Appeals Center. Your appeal request disputes the denial of a May 31, 2015 retroactive termination date for the appellants' health insurance coverage by Your Health Idaho, the State Exchange entity.

On **June 29, 2016**, a telephone hearing was held on your appeal by a Federal Hearing Officer. The appellant, [Consumer Name], was present, as was [YHI Staff], an agency representative for Your Health Idaho.

#### **Legal Basis**

The legal basis for this decision is described in 45 CFR §§ 155.300-355, which may be found at [www.ecfr.gov](http://www.ecfr.gov).

#### **Relevant Facts**

1. The record reflects that the appellants applied for and were enrolled in a Qualified Health Plan (QHP) purchased through the Your Health Idaho state exchange. The appellants' effective date of coverage was March 1, 2015.
2. All parties attest and the record reflects that the appellant [Consumer Name] contacted both the insurer and the Idaho Department of Health and Welfare (DHW) on May 20, 2015 in an effort to initiate termination of the appellants' QHP coverage.
3. The appellant testified that [the consumer] was instructed by both the insurer and DHW to go online to complete the enrollment termination process. The record reflects that [the consumer] phone calls to both entities triggered the production of notices directing [the consumer] to take further action to complete the coverage termination process.
4. The appeal record reflects the appellant's attestation that [the consumer] did not receive any notices until they were included in a packet from Your Health Idaho in advance of [the consumer's] state appeal hearing.
5. The state exchange representative testified that the appellant did not access [the consumer's] online account after placing the aforementioned phone calls; the appellant testified that [the consumer] attempted to log in to [the consumer's] account on

May 20, 2015 and at least one other occasion, but was unable to do so due to technical issues.

6. The appellant testified that [the consumer] assumed [his/her] phone call to the insurer would be sufficient to initiate the termination process.
7. The record reflects that, on October 20, 2015, the insurer sent the appellant a notice of termination for non-payment of [the consumer's] June premium and a demand for that payment, thereby alerting [the consumer] that coverage had not been terminated for that month.
8. The appellant testified that [the consumer] received the October 20 notice and bill on November 7, 2015 and called the insurer to question the notice and demand in the belief that [the consumer] had been terminated effective May 31, 2015. The insurer informed [consumer] that [the consumer] coverage had been terminated effective June 30, 2015. The appellant protested and the insurer directed [the consumer] to the Your Health Idaho appeals entity.
9. The appellant testified that [the consumer] called the DHW on November 23, 2015 to request a coverage termination date of May 31, 2015. [Consumer] followed up with a second call to DHW on November 30 to inquire as to the status of [his/her] termination date.
10. The record reflects that the appellant's requests for a May 31, 2015 termination date were denied by the DHW, and that the effective date of coverage termination was June 30, 2015.
11. The appellant testified that, during [his/her] calls to Your Health Idaho on November 23 and 30, 2015, [the consumer] was first informed of an advance notice requirement for coverage termination, but was misinformed that the required timeframe was 15 (fifteen) days' notice rather than the correct 14 days.
12. The state exchange representative testified and the Federal appeals entity has confirmed that correct information regarding the 14-day notification requirement is public-facing on the Your Health Idaho website, meaning, consumers do not have to log into an account or otherwise provide any credentials to access that information.
13. The appellant testified that [he/she] had a medical appointment in June of 2015 for which [the consumer] paid out of pocket, in the belief that [he/she] was not insured.

### **Conclusions of Law**

The administration of Qualified Health Plan termination is governed by 45 CFR §§ 155.330(f) and 155.430(d). The appellant argues that a retroactive termination date of May 31, 2015 should be granted as an exception to the requirements of 45 CFR § 155.430(d)(1)(i), on the claim that the appellants were not given specific notice that they must provide their insurer with 14 (fourteen) days' notice prior to effective termination.

While the appellant's testimony that Your Health Idaho representatives misinformed [the consumer] about the length of the termination notification requirement in November, 2015 is both credible and concerning, two countervailing facts determine the resolution of this appeal.

First, the appellants and all other Your Health Idaho consumers had access to complete information about the 14 day notification requirement through the Your Health Idaho website throughout the 2015 coverage year, and that same information is memorialized in the plan manual provided to Exchange consumers. A consumer's lack of research about the requirement before initiating the termination process does not represent an actionable reporting error on the part of the State Exchange, its agents or instrumentalities.

Second, the appellant did not initiate termination efforts until May 20, 2015, and whatever confusion may have been caused by misinformation given to [the consumer] after that date did not result in an erroneous coverage termination date. No application of the facts on appeal to the provisions in 45 CFR § 155.330(f) can result in the appellants receiving the May 31, 2015 termination date they seek.

After considering all relevant evidence, the appeal record from the State Exchange and the additional testimony presented during this Federal Marketplace eligibility appeal, I find that both the State Exchange and its Appeal Panel correctly affirmed the June 30, 2015 coverage termination date.

### **Order**

Based upon review of the relevant facts and law, the ruling of the Idaho State Exchange appeals entity affirming the appellants' coverage termination date of June 30, 2015 was correct and the January 20, 2016 decision of the Your Health Idaho Appeals Panel is UPHELD. The State Exchange is directed to effectuate this eligibility appeal decision promptly and without delay.

**This appeal decision is final and binding. Please keep this notice for your records.**

**SO ORDERED.**

**Steven Kornblit**  
Federal Hearing Officer

**October 10, 2017**

### **Language Assistance Services**

If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. Visit [HealthCare.gov](http://HealthCare.gov) or call the Marketplace Call Center at 1-800-318-2596 to get more information on these services. TTY users should call 1-855-889-4325.

### **Accessibility**

To request an auxiliary aid or service, you can:

- Call 1-844-ALT-FORM (1-844-258-3676). TTY users should call: 1-844-716-3676.
- Send a fax to 1-844-530-3676.
- Send an email to: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov)
- Send a letter to:

Centers for Medicare and Medicaid Services  
Office of Equal Employment Opportunity & Civil Rights (OEOCR)  
7500 Security Boulevard, Room N2-22-16  
Baltimore, MD 21244-1850  
Attn: CMS Alternate Format Team

### **Privacy Act Statement**

The Marketplace protects the privacy and security of information about you that you have provided. To view the Privacy Act Statement, go to [HealthCare.gov/individual-privacy-act-statement/](http://HealthCare.gov/individual-privacy-act-statement/). This notice was generated by the Marketplace based on 45 CFR part 155, subpart F. The information used to create this notice was collected from the application you filled out, from your appeal request and other associated materials you may have submitted, and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and insurance affordability programs. For more information about the privacy and security of your information, visit [HealthCare.gov/privacy/](http://HealthCare.gov/privacy/).

This Notice has Important Information. This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

عن اب حث.الصحي ال تأمين سوق خلال من ت غط ي تك او ط ل بك ب خصوص همة معلومات على الا شعاع هذا يد توي (Arabic) العرب ية ل لمساعدة او الصد ية ت غط ي تك على ل لدا فاض مع ينة مواع يد في اجراء ات خاذا ال ي ت د تاج قد.الا شعاع هذا في ال رد ي سية ال تواريخ 1-800-318-2596 ب ال رقم ات صل.ت ك ل فة اي دون من ب لغتك المساعدة وعلى المعلومات هذه على الحصول في الحق لك.ال تكلا يف في ب.الم ترجم و صلك س يجري و ت د تاج ال تي ال لغة ب تحديد د قم ال ممثل ي ج يد بك عندما.الاف ت تاح ية سماعك عند ان نظرو و 2596

中文 (Chinese)

本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，請說明您所需的语种，屆時將有譯員與您聯系。

Français (French) Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

Kreyòl (French Creole) Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datkle nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

Deutsch (German) Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ સૂચનામાં આરોગ્ય વીમા માર્કેટપ્લેસના સમારકામને તમારી અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આવરી લેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમયને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઈ પણ ખર્ચ વિના તમારી ભાષામાં આજ્ઞાકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાષિયો સાથે જોડવામાં આવશે.

Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurne i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

日本語 (Japanese) この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確



認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596

にお問い合わせいただき、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。

한국어 (Korean) 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

Polski (Polish) To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

Português (Portuguese) Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

Русский (Russian) В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

Español (Spanish) Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhan pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.



Tiếng Việt (Vietnamese) Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.



January 2015