



Request #: [Number]

[Consumer Name]

[Consumer Address]

[Consumer Email 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 was initially scheduled for October 16, 2024. You were absent at that time and your hearing was rescheduled at your request. Your appeal hearing occurred on November 7, 2024 and was heard by an appeal panel consisting of members of YHI's Board of Directors (the "Appeal Panel"). The individuals who made up the Appeal Panel were Tara Malek (Appeal Panel Chair), Hyatt Erstad, and Heidi Hart. You appeared by phone 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 which you also received a copy of, 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"). You were also given the opportunity to present arguments and any evidence including witnesses to support your appeal. You did not present any witnesses or documentary evidence and instead presented argument. 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 the appeal is whether to overturn, uphold, or dismiss the informal decision of YHI as related to your request to disenroll your insurance coverage that was in effect from February 1, 2023, through January 31, 2024. You requested retroactive disenrollment from your coverage with [insurance carrier]. You stated that you were not aware of your enrollment in coverage with [insurance carrier] and had coverage through your employer beginning April 1, 2023. In addition, you reported that you understood the program was income based, but you were unaware that you needed to report income changes regularly.

FINDINGS OF FACT

1. On November 29, 2022, consumer applied for health coverage assistance for the 2022 year through Your Health Idaho over the phone. The consumer reported an annual income of \$54,600.00 on this application, making them eligible for the Advance Premium Tax Credit subsidy. They were advised to report changes in income on this phone call.
2. On December 8, 2022, a notice was sent to the consumer's secure inbox advising them to login and update their application as the income documentation that was sent reflected income that was higher than the income reported on their application.
3. On January 1, 2023, the consumer accessed their Your Health Idaho Portal and applied for 2023 coverage. The income reported on this application was \$54,600.00. This application included attestations that any changes to the information reported on the application that could affect eligibility would be reported within 30 days. The consumer signed this application.
4. On January 23, 2023, the consumer logged in to their Your Health Idaho portal and enrolled the household in a plan through [insurance carrier] with an effective date of February 1, 2023, and a net premium of [amount]YHI monthly after application of the advanced premium tax credit.
5. The consumer contacted Your Health Idaho by phone on January 30, 2024, to request disenrollment from their plan with [insurance carrier]. They stated on this phone call that they had coverage through their employer and expressed on this phone call that they found out that they owed money as the income that they were reporting on taxes would be around \$145,000.00 which was higher than the amount reported on the application. On that phone call the household was disenrolled from coverage as of January 31, 2024.
6. On January 31, 2024, the consumer submitted an appeal to Your Health Idaho stating that they were not aware of dual coverage with [insurance carrier] as well as their employer and they were unaware that they had to report changes in income. The consumer was requesting retroactive disenrollment.
7. The consumer reported language barriers contributing to confusion. All communication prior to October 2023 including written, and telephone, were in English. The consumer first requested that communication be in their primary language of Spanish on January 26, 2024. Notices in Spanish, including eligibility and tax documents were sent starting October 15, 2023.
8. On February 22, 2024, Your Health Idaho issued an informal decision that the appeal was upheld. The consumer first contacted YHI requesting retroactive disenrollment on January 30, 2024. In accordance with 45 CFR 155.430 as well as YHI policy Insurance #29 it was determined that the request for retroactive disenrollment was not timely.
9. On February 26, 2024, the consumer requested a second review of the appeal.
10. The sent the consumer over forty mailings to include letters, ID cards, billing statements, Explanation of Benefit letters, as well as Coordination of Care letters during the coverage period and prior to the consumer's request to cancel the coverage.

11. On June 3, 2024, Your Health Idaho notified the consumer that additional research was conducted and upheld the original appeal decision.
12. On June 3, 2024, the consumer requested a hearing. The hearing request was confirmed by Your Health Idaho on June 5, 2023.
13. During the consumer's testimony at the appeal hearing, they admitted that during some of the calls they were either able to translate the conversation themselves or they had access to and utilized help to translate the conversation from consumer's daughter and a work manager. Nevertheless, they did not seek or request language translation assistance until October 2023.
14. Part of the appeal record included a recorded conversation between the consumer and a YHI representative and which the Appeal Committee had access to and reviewed. On the call, the consumer stated that they were calling in to get coverage for "me and my kids". They gave their full name to the YHI representative as [Consumer's Name]. During that same call, they were able to effectively communicate with YHI and, in fact, worked with a YHI representative to fill out the application form to qualify for health insurance.
15. During the period of time that the consumer had coverage pursuant to the plan they purchased in the marketplace, they made insurance claims.
16. The carrier the consumer was signed up with through the marketplace and the carrier that the consumer had through their employer, [Employer Name], were two different carriers and as such, two different cards would have been issued to them.

CONCLUSIONS OF LAW

- The Appeal Panel concludes that the consumer logged in to their secure portal and enrolled in coverage with [insurance carrier] starting February 1, 2023.
- The Appeal Panel concludes that the consumer signed their application agreeing that they would report any changes that would affect their eligibility within 30 days.
- The Appeal Panel concludes that the consumer was provided notice of the enrollment by Your Health Idaho and [insurance carrier] as federally required throughout 2023.
- The Appeal Panel concludes that the consumer states they had text messages to support the claim of communication with the agent asking for disenrollment at the time of filing the appeal and as recently as July 2024. However, at no point in the appeal or appeal process or hearing were the text messages provided.
- The Code of Federal Regulation (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 if reported within 60 days of the consumer becoming aware of the enrollment or 60 days of when they reasonably would have been aware of the enrollment.

- 45 C.F.R. § 155.430 (D)
- Because you were notified by Your Health Idaho and [insurance carrier] regarding the existence of the enrollment throughout 2023 and the coverage was utilized for services, the decision to maintain the original dates of coverage is upheld.
- This decision is effective as of 11/08/2024 and is approved as of 11/19/2024 (45 C.F.R 155.545 (a)(5))

If you are satisfied with this Appeal Decision, you do not need to do anything. If you are dissatisfied with this Appeal Decision, you may appeal to the United States Department of Health and Human Services (“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 and submitting the appeals form as instructed 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.**

Sincerely yours,

Tara Malek

Tara Malek
Appeal Panel Chair
Your Health Idaho

cc: Your Health Idaho