



Request #: [Number]

[Consumer]  
[Consumer address]  
[Consumer email]

Re: **NOTICE OF APPEAL DECISION**

Dear [Consumer]:

Thank you for participating in the hearing on the appeal request with Your Health Idaho ("YHI"). The appeal hearing occurred as scheduled on November 14, 2019, and was heard by an appeal panel consisting of YHI Governance Committee members (the "Appeal Panel"). The Appeal Panel members present at your appeal hearing were Senator Jim Rice (Appeal Panel Chair), Hyatt Erstad, and Kevin Settles. You participated via conference call, and you 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 to retroactively terminate 2019 coverage effective February 28, 2019.

#### **FINDINGS OF FACT**

1. As of January 1, 2019, the consumer was eligible for and received a subsidy, in the form of Advanced Premium Tax Credits ("APTC") to assist with the payment of the consumers health insurance premium.
2. As of January 1, 2019, the consumer was enrolled in a Blue Cross of Idaho plan.
3. As of January 1, 2019, the consumer was enrolled in a Delta Dental plan.
4. On July 7, 2019 the consumer contacted Your Health Idaho (YHI) to request termination of their 2019 enrollments due to the gain of employer coverage.

5. YHI records indicate the consumer did not log into their account to complete the disenrollment during 2019.
6. YHI records indicate that the consumer did not have a call history logged with the Idaho Department of Health and Welfare (“DHW”) prior to July of 2019.
7. YHI records indicate that the consumer did not have a call history logged with Blue Cross of Idaho prior to July of 2019.
8. On July 23, 2019, the consumer appealed to YHI to request a retroactive termination, effective February 28, 2019.
9. On July 29, 2019, YHI determined the request to be *Upheld*, as the consumer reported the gain of coverage more than 14 days after the gain of employer coverage.
10. On August 8, 2019, the consumer requested an appeal hearing with YHI.
11. On August 13, 2019, YHI conducted a second review of the consumer’s request. This was done as standard operating procedure.
12. On September 6, 2019, YHI determined the request to be maintained as *Upheld*, as the consumer did not have a history of any prior attempt to terminate their coverage with Blue Cross of Idaho, Delta Dental nor DHW.
13. On September 9, 2019, the consumer requested an appeal hearing with YHI.

#### CONCLUSIONS OF LAW

- The Appeal Panel concludes that based on the Appellant’s testimony, the Appellant made no credible attempt to contact Blue Cross of Idaho, Delta Dental nor DHW prior to July of 2019.
- Pursuant to the Code of Federal Regulation (CFR) the did not attempt to voluntarily disenroll coverage within 14 days of the gain of employer coverage.
  - 45 C.F.R. § 155.430
  - Your Health Idaho Policy Manual *Insurance # 29 Disenrollment*
- The Appeal Panel concludes that the Appellants termination date will remain June 30, 2019, per Federal Regulation and Your Health Idaho Policy.
- The Appeal Panel concludes that the Appellants decision remains *Upheld*.
- This decision is effective as of 11/14/2019 and is approved as of 11/15/2019 (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 (TYY 855-

889-4325), or by downloading and submitting the appeals form as instructed 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.**

Sincerely yours,

---

Senator Jim Rice  
Appeal Panel Chair  
Your Health Idaho

cc: Your Health Idaho