



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 with Your Health Idaho (“YHI”). The appeal hearing occurred as scheduled on April 24, 2020 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. Your representative, [Representative Name], participated via phone, and testified at the appeal hearing on your behalf. [YHI staff] appeared via phone 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 open a retroactive Special Enrollment Period, effective January 1, 2020.

FINDINGS OF FACT

1. On December 30, 2019, the consumer’s representative created an account at Your Health Idaho (“YHI”).
2. On January 2, 2020, the consumer’s representative appealed to YHI to request a Special Enrollment Period, effective January 1, 2020, based on misrepresentation.
3. On January 3, 2020, the consumer’s representative submitted a financial application for Advanced Premium Tax Credit (APTC) to the Idaho Department of Health and Welfare.

4. On January 7, 2020, YHI determined the request *Upheld*, as the consumer did not have a valid Qualifying Life Event to report per YHI and federal policy.
5. On January 9, 2020, the consumer representative's request for APTC was approved effective January 1, 2020 by the Idaho Department of Health and Welfare.
6. On January 13, 2020, the consumer's representative requested an appeal hearing with YHI.

CONCLUSIONS OF LAW

- The Appeal Panel concludes that based on the Appellant's testimony, the Appellant made a credible attempt to enroll with YHI during Open Enrollment. Per the consumer attestation, the Appellant was not appropriately referred to YHI to enroll in coverage.
- The Appeal Panel also concludes that the Appellant was misrepresented by [Agency Name], agent [Agent Name] and his employees who represented themselves as licensed in the state of Idaho.
- 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 or HHs, its instrumentalities, or a non-Exchange entity providing enrollment assistance or conducting enrollment activities, the consumer is entitled to adjust said enrollment. For purposes of this provision, misconduct includes the failure to comply with applicable standards under this part, part 156 of this subchapter, or other applicable Federal and State laws as determined by the Exchange.
 - 45 C.F.R. § 155.420 (d)(4)
- The Appellant's request for a retroactive Special Enrollment Period effective January 1, 2020 is *Overtured* because the panel found that the Appellant made a valid attempt to enroll during Open Enrollment and was misrepresented by an agent licensed in the state Idaho.
- The appeal panel concludes that the Appellant is entitled to a January 1, 2020 effective date due to the approved Special Enrollment Period.
- This decision is effective as of April 24, 2020 and is approved as of April 25, 2020 (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.**

APPEAL DECISION LETTER

4/24/2020

Sincerely yours,

A handwritten signature in black ink, appearing to be "Jim Rice", written over a horizontal line.

Senator Jim Rice
Appeal Panel Chair
Your Health Idaho

cc: Your Health Idaho