



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 you filed with Your Health Idaho ("YHI"). Your appeal hearing occurred as scheduled on April 19, 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, with your advocate and family friend, 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 open a retroactive Special Enrollment Period, effective April 1, 2017.

#### **FINDINGS OF FACT**

1. The consumer moved to Idaho in March 2017; at such time, this move constituted a qualifying life event ("QLE") which would have allowed the consumer to enroll in coverage on or off Exchange through a Special Enrollment Period ("SEP").
2. The consumer had sixty (60) days to enroll in coverage after this event.
3. On November 3, 2017, the consumer contacted the Department of Health and Welfare to complete an application for 2018 tax credit eligibility.

4. On November 15, 2017, the consumer created an account at Your Health Idaho (“YHI”) and enrolled in a 2018 policy during Open Enrollment.
5. On December 6, 2017, the consumer appealed to YHI to request a retroactive SEP to March 2017 based on agent error to represent.
6. On December 7, 2017, YHI determined the request to be *invalid*, as evidence or attestation of agent error was not demonstrated in the request. The consumer was directed to the Idaho Department of Insurance (“DOI”) to continue the request and demonstrate a valid QLE, as regulatory authority over agent error falls within the jurisdiction of the department.
7. On January 18, 2018, YHI received and responded to a DOI complaint regarding the consumer’s account history at YHI.
8. In February 2018, the DOI sent notice to the consumer that no agency or agent error was identifiable and upheld the initial YHI decision requesting a SEP.
9. On April 26, 2018, YHI notified the consumer of hearing rights based on the DOI determination presented to the consumer in February 2017. With no response received, the informal decision was considered binding and closed.
10. On January 23, 2019, YHI received a request from the consumer to clarify the appeal decision from 2017 and seeking federal appeal hearing rights.
11. On January 28, 2019, YHI offered the consumer extended appeal hearing rights for his initial request.
12. On February 1, 2019, the consumer requested an appeal hearing with YHI.

#### CONCLUSIONS OF LAW

- The Appeal Panel concludes the consumer’s spouse communicated with the agent of record on March 27, 2017.
- The Appeal Panel concludes that the consumer’s documents of this conversation, in addition to the documents provided from the DOI findings, do not demonstrate any agent error to represent options.
- 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
  - 45 C.F.R. § 155.420 (d) (4)
- The consumer’s request for a retroactive SEP is denied because the Appeal Panel did not find agent error to represent.

- This decision is effective as of 04/19/2019 and is approved as of 01/19/2019 (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 (TTY 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,

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Senator Jim Rice  
Appeal Panel Chair  
Your Health Idaho

cc: Your Health Idaho