



Request #: [Number]

[Consumer's Name]
[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 June 3, 2025 and was heard by an appeal panel consisting of members of YHI's Governance Committee (the "Appeal Panel"). The individuals who made up the Appeal Panel for your appeal hearing were Tara Malek (Appeal Panel Chair), Hyatt Erstad, and Heidi Hart. You appeared in person and testified at the appeal hearing. [YHI employee] 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 the appeal is a request to change the effective date of your insurance coverage that began on June 1, 2025 to instead begin on May 1, 2025. You stated that you were not given enough time after notice of the offering of COBRA to apply and enroll in a plan in time for an effective date of May 1, 2025.

FINDINGS OF FACT

1. On March 31, 2025 the consumers coverage through their employer ended.
2. On April 7, 2025 the consumer was sent notice of their option to continue group coverage through COBRA.
3. On May 5, 2025
 - [Consumer] logged into YourHealthIdaho.org and applied for health coverage.

- [Consumer] reported a loss of coverage and submitted supporting documentation.
- Supporting documentation was approved by Your Health Idaho.
- [Consumer] appointed [agent], agent, as their Agent of Record.

4. On May 6, 2025

- [Consumer] enrolled in the policy [health insurance carrier] [plan name] with an effective date of June 1, 2025.
- [Consumer] called Your Health Idaho to request coverage be changed to have a retroactive effective date of May 1, 2025.
- The effective date of June 1, 2025 was upheld, and [consumer] was advised to appeal.
- [Consumer] submitted appeal #[number] requesting a May 1, 2025 effective date.

5. On May 8, 2025 [agent], Agent of Record, cancelled [consumer] prior enrollment and enrolled them in [health insurance carrier] [plan name] with an effective date of June 1, 2025.

6. On May 9th

- Appeal # [number] was received by Your Health Idaho, requesting a retroactive May 1, 2025 effective date.
- The appeal was completed, and a decision was issued to uphold the original effective date of June 1, 2025.

7. On May 16th [consumer] requested to repeal the appeal decision. Appeal was sent for second level review/hearing.

8. On May 21, 2025

- [Consumer] called to relay urgency of appeal.
- A second level review was conducted and the decision was upheld.
- [Consumer] was advised of hearing rights.
- [Consumer] requested an urgent hearing and waived the right to receive the appeal hearing packet prior to the hearing.

9. On May 29, 2025, a hearing was scheduled for June 3, 2025, at 4 p.m.

CONCLUSIONS OF LAW

- The Appeal Panel concludes that the consumer was provided notice of their loss of coverage on April 7, 2025.
- The Appeal Panel concludes that on May 5, 2025, the consumer logged into yourhealthidaho.org, applied for and was approved for a special enrollment period for loss of minimum-essential coverage, which gave them 60 days from the date of their qualifying event to select a new plan.
- The Appeal Panel concludes that the consumer selected a plan on May 6, 2025, for coverage starting June 1, 2025.
- The Appeal Panel concludes that the consumer's agent of record cancelled the plan selected on May 6, 2025 and changed the consumer and their family to different plan on May 8, 2025, for coverage starting June 1, 2025.
- The Code of Federal Regulation (CFR) requires that the effective date of coverage is to occur the first day of the month after a plan is selected.
 - 45 CFR 155.420(b)
- Your Health Idaho's Policy Manual requires that the effective date of coverage is to occur the first day of the month after a plan is selected.
 - Insurance 3: Coverage Start Dates

DECISION

The panel affirms the underlying decision made by YHI. The decision is upheld for the same reasons initially articulated by YHI.

This decision is effective as of 6/03/2025 and is approved as of 6/04/2025 (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
Appeal Panel Chair
Your Health Idaho

cc: Your Health Idaho