



Request #: [Number]

[Consumer's Name]

[Consumer's Address]

[Consumer's Address]

[Consumer's Email]

Re: **NOTICE OF APPEAL DECISION**

Dear [Consumer]:

This notice is to give you an update on the appeal hearing request you filed with Your Health Idaho ("YHI"). Your appeal hearing occurred as scheduled on April 29, 2026, and was attended by an appeal panel consisting of members of YHI's Board of Directors (the "Appeal Panel"). The individuals who made up the Appeal Panel for your appeal hearing were Tara Malek (Appeal Panel Chair), Nora Carpenter, and Kevin Settles. [YHI Employee] appeared in person at the appeal hearing on behalf of YHI. You did not appear in person or virtually at the appeal hearing.

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, 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 waive premiums owed to the insurance carrier after a reduction in the amount of your Advance Premium Tax Credit (APTC) occurred after a reported income change. You stated that the wrong income amount was used by Your Health Idaho in February of 2025 and was not corrected until October of 2025.

FINDINGS OF FACT

1. On February 20, 2025, the consumer's wife, [Consumer], called to update the income on their joint application. [Consumer] stated the income was between \$72,000.00 and 85,000.00 annually but was unsure of the exact amount. \$72,000 was used for the income. [Consumer] was advised to report any changes to the income in the future.
2. On February 21, 2025, an eligibility notice was sent to [Consumer] secure inbox, showing the eligibility for an income of \$72,000 annually.

3. On October 20, 2025, [Consumer] called to update their address and income and stated the income should have been \$85,000 for the year. The change to income resulted in a new amount of APTC eligibility and a corresponding increase in premium based on it now being tied to an annual income of \$85,000. The appellant was unhappy with the outcome and was advised to appeal.
4. On October 27, 2025, [Consumer] filed an appeal claiming the income of \$85,000 was reported earlier in the year and not processed by Your Health Idaho in error.
5. On October 28, 2025, Your Health Idaho confirmed receipt of appeal #7533.
6. On October 29, 2025, Your Health Idaho issued an appeal decision that the original decision was upheld and the APTC accurately reflected the income of \$85,000 as reported in October.
7. On October 29, 2025, [Consumer] formally requested a hearing regarding the upheld decision. He also requested a copy of the recorded call.
8. On October 30, 2025, [Consumer] was informed that a second level review would occur on the account prior to hearing and that he could make a request for a recorded call through a public information request.
9. On October 20, 2025, [Consumer] made a public information request for the recorded call.
10. On October 31, 2025, Your Health Idaho completed a second level review of the case and offered to change the income on the application retroactively to reflect \$85,000 as of March 2025, which would have been the effective date originally applied, as the appellant desired. The appellant was notified that if he wanted to accept this outcome, he would owe \$1286.85 to the insurance carrier for the difference in premium and would have different out-of-pocket costs on his plan due to eligibility for a lower level of cost sharing reductions (CSR).
11. On October 31, 2025, [Consumer] responded and reiterated his request for the recorded call, and asked for a full breakdown of premium, APTC, and CSR for both incomes, and the differences between the two.
12. On November 4, 2025, [Consumer] was provided a copy of the call's audio file.
13. On November 5, 2025, [Consumer] was provided a breakdown of the financial differences and impacts between the two incomes.
14. On November 6, 2025, [Consumer] requested Your Health Idaho to correct the income retroactively to \$85,000 annually effective March 2025, to waive any back balance or repayment (\$1,160.80) and to ensure APTC and CSR amounts are correct going forward.

15. On November 7, 2025, Your Health Idaho notified the appellant that there is no jurisdiction over premium payments owed to carriers and asked the consumer for directions on how they wanted to handle their case.
16. On November 13, 2025, the appellant notified Your Health Idaho that they do not authorize retroactive changes to their income and requested the balance to Regence be waived.
17. On November 18, 2025, Your Health Idaho summarized the situation for the appellant, let them know the appeal would remain with the original decision upheld, and issued an Upheld Decision after completion of the second level review.
18. On November 18, 2025, [Consumer] restated the request for a hearing.
19. On April 15, 2026, [Consumer] was notified that his hearing was scheduled for April 29, 2026, at 10:00 a.m. MST. [Consumer] was also provided a copy of his hearing packet. Both were provided to him by email and certified mail.
20. On April 22, 2026, Your Health Idaho asked the appellant by email to confirm in person or virtual attendance at the hearing. No reply was received.
21. On April 27, 2026, the certified mail receipt was received, showing the packet had been delivered to the address on file for the appellant.
22. On April 28, 2026, Your Health Idaho sent an email to [Consumer] with a link to the hearing, and confirmation of hearing time.
23. On April 29, 2026, Your Health Idaho held a hearing virtually and onsite at Your Health Idaho. [Consumer] did not appear at the hearing. There are no records of incoming phone calls, email, or other correspondence from [Consumer].

CONCLUSIONS OF LAW

- The Appeal Panel concludes that the consumer was determined eligible for the APTC on February 20, 2025, based on an income of \$72,000 annually.
- The Appeal Panel concludes that on October 20, 2025, the income was reported as \$85,000 annually and the tax credit was adjusted to reflect the new income. The tax credit is an annual amount that was corrected to reflect an annual income of \$85,000 at this time.
- The Code of Federal Regulation (CFR) requires that Your Health Idaho accept an applicant's income as attested, without further verification:
 - 45 CFR 155.320(c)(3)(vi)(C)
- The Code of Federal Regulation (CFR) requires that Your Health Idaho calculates the Advance Premium Tax Credit according to the Title 26 1.36B under the IRS.

- 45 CFR 155.305(f)(5)
- The Code of Federal Regulation (CFR) requires that Your Health Idaho applied changes to the Advance Premium Tax Credit after a reported change in income starting the first of the month after the change is reported.
 - 45 CFR 155.330(f)(1)(iii)

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 4/29/2026 and is approved as of 5/12/2026 (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