

**[Consumer Name]**  
**[Consumer Address]**

Appellants: **[Consumer Names]**

Appeal Case ID: [Federal Number]

## **MARKETPLACE ELIGIBILITY APPEAL FINAL DECISION**

Dear **[Consumer Name]**:

The Patient Protection and Affordable Care Act (ACA) gives Marketplace applicants and enrollees the right to appeal certain eligibility determinations. Applicants and enrollees may appeal decisions made by a State-based Marketplace appeals entity directly to the Department of Health and Human Services Marketplace Appeals entity.<sup>1</sup>

This Marketplace appeal decision is based on the evidence in the record and testimony during the hearing. All of the information available from your State-based Marketplace eligibility determination, from the appeal made with your State-based Marketplace, and any additional relevant evidence presented during the course of the Federal Marketplace appeal were considered.<sup>2</sup>

**This is the final decision of your 2016 Federal Marketplace eligibility appeal.**

### **Procedural History**

On **October 17, 2016**, appellant [consumer name] filed an appeal with Your Health Idaho requesting reconsideration of eligibility for a special enrollment period to enroll in health coverage.

On **November 28, 2016**, a hearing was conducted by an Appeal Panel consisting of members of Your Health Idaho's Governance Committee, and includes Senator Jim Rice (Appeal Panel

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<sup>1</sup> See 45 CFR § 155.505(c).

<sup>2</sup> See 45 CFR § 155.535(e).

Chair), Hyatt Erstad, and John Livingston. The appellant, [consumer name], was present for the hearing. [YHI Staff], a representative from Your Health Idaho, also participated in the hearing.

On **November 28, 2016**, an appeal decision was issued by the Your Health Idaho Appeal Panel, denying appellants' request for a special enrollment period.

On **December 27, 2016**, the Federal Marketplace Appeals Center received appellants' eligibility appeal request. The appeal request disputes the appeal decision made by Your Health Idaho's Appeal Panel.

On **July 7, 2017**, a hearing was held with the Federal Marketplace Appeals Center by a Federal Hearing Officer. The appellant, [consumer name], was present by telephone. [YHI Staff] from Your Health Idaho was also present.

### **Legal Basis**

The legal basis for this decision is contained in federal regulations in 45 Code of Federal Regulations part 155, subpart F, which you can find at [www.eCFR.gov](http://www.eCFR.gov).

### **Findings of Fact**

1. The appellant testified during the state and federal hearings that [the consumer] submitted an application for health coverage to Your Health Idaho in April 2016, under the belief that [the consumer] was applying for [the consumer's]. However, the appellant testified that [the consumer] did not receive an eligibility determination from Your Health Idaho at that time, with any indication of financial assistance or any indication of eligibility for a special enrollment period (SEP) to enroll in coverage.
2. During the state hearing, the appellant testified that [the consumer] experienced difficulty contacting Your Health Idaho because [the consumer] could not locate a contact number, and [the consumer] received less than adequate assistance with the questions [the consumer] posed.
3. The appellant testified during the state hearing that at the time of [the consumer's] initial application, [the consumer] was enrolled in temporary short-term health coverage; however, this coverage ended in May 2016, and [the consumer] applied to Your Health Idaho for [the consumers spouse] in April 2016 so [the consumer] would not have a lapse in coverage.
4. [YHI Staff] testified during the federal hearing that proof of income documentation was requested from the appellant following [the consumers] April 15, 2016 application as the result of a data matching inconsistency for [the consumers] reported annual household income. [YHI staff] further testified that consumers are allotted ninety (90) days to provide requested documentation.

5. [YHI Staff] also testified during the federal hearing that the appellant was afforded sixty (60) days from April 18, 2016 to enroll in health coverage through Your Health Idaho using [the consumers] eligibility for a SEP.
6. The appellant testified during both hearings that following [the consumers] April 2016 application submission, [the consumer] did not enroll in health coverage because [the consumer] was not made aware that [the consumer] was granted a SEP nor did [the consumer] know if [the consumer] was awarded financial assistance because [the consumer] was never notified of such via email or [the consumers] Your Health Idaho online account.
7. The record contains documentation submitted as evidence by Your Health Idaho, which includes an email exchange between [the consumer] and a Customer Advocate from Your Health Idaho on October 24, 2016. In this email exchange, [the consumer] states that [the consumer] provided [the consumers] social security number to the Idaho Department of Health and Wellness on April 16, 2016, and requested that [the consumers] tax credit eligibility (financial assistance) be provided for [the consumers].
8. The appellant testified during the federal hearing that [the consumer] was notified via email on April 18, 2016, that [the consumers] income had been verified by the Idaho Department of Health and Welfare. [YHI Staff] testified that the Idaho Department of Health and Welfare oversees subsidy eligibility for applicants to Your Health Idaho.
9. The appellant submitted as evidence a copy of an email exchange dated April 19, 2016, between [the consumer] and [IDHW Staff] from the Idaho Department of Health and Welfare, in which [DHW Staff] stated, "It looks as if I will still need you to fill out the self-employment verification report since your income has changed since you last filed taxes." [The consumer] testified during the state hearing that [the consumer] interpreted the verbiage used in the email as meaning [the consumer] submission of documentation was optional and not a requirement.
10. The record contains an Eligibility Determination Notice addressed to [the consumer] from the Idaho Department of Health and Welfare dated April 18, 2016, which states that [the consumer] is eligible for a maximum monthly tax credit of \$596.00. [The consumer] testified during both hearings that [the consumer] never received this mailing.
11. The appellant testified during the state hearing that [the consumer] took no further action after April 2016 until he received a notice dated July 18, 2016, which is included in the record, requesting documentation to verify household income. [The consumer] further testified that as the result of this notice, [the consumer] followed up with Your Health Idaho on August 28, 2016, at which time [the consumer] first learned of the amount of the tax credit for which [the consumer] was eligible.
12. [The consumer] testified during the federal hearing that [the consumers spouse] received medical treatment in late November and early December 2016, which resulted in [the consumer] borrowing money to pay the outstanding medical expenses.

## Conclusions of Law

Federal regulations provide that a qualified individual must be provided written notice of their eligibility by the Exchange, which includes:

- (1) An explanation of the action reflected in the notice, including the effective date of the action.
- (2) Any factual findings relevant to the action.
- (3) Citations to, or identification of, the relevant regulations supporting the action.
- (4) Contact information for available customer service resources.
- (5) An explanation of appeal rights, if applicable.

Federal regulations also dictate that the individual market Exchange must provide required notices either through standard mail, or if an individual or employer elects, electronically, provided that the requirements for electronic notices in 42 CFR 435.918 are met, except that the individual market Exchange is not required to implement the process specified in 42 CFR 435.918(b)(1) for eligibility determinations for enrollment in a qualified health plan (QHP) through the Exchange and insurance affordability programs that are effective before January 1, 2015. *See* 45 CFR 155.230 (a) and (d).

During both [the consumers] state and federal hearings, the appellant testified that [the consumer] did not receive proper notice of [the consumers] tax credit eligibility or eligibility for a SEP to [the consumers] mailing address, nor to [the consumers] Your Health Idaho portal. The appellant asserts that had [the consumer] been made aware of [the consumers] eligibility following the April 2016 application, [the consumer's] would have immediately enrolled in health coverage.

Federal regulations provide that a qualified individual is eligible for a special enrollment period to enroll in or change health coverage if a “triggering event” occurs. One such triggering event is if a qualified individual's enrollment or non-enrollment in a qualified health plan is unintentional, inadvertent, or erroneous and is the result of the error, misrepresentation, misconduct, or inaction of an officer, employee, or agent of an Exchange or Department of Health and Human Services (HHS), its instrumentalities, or a non-Exchange entity providing enrollment assistance or conducting enrollment activities. *See* 45 CFR 155.420(d)(1)(ii) and (d)(4).

The record in this case suggests error on the part of Your Health Idaho by not providing the appellants with a timely eligibility determination in response to [the consumers] April 15, 2016 application, which eligibility determination would have stipulated to appellants eligibility for financial assistance and for a SEP to enroll in coverage. This error in not providing the appellant with a timely eligibility determination, resulted in the inadvertent non-enrollment of appellants in April 2016 when they applied for coverage, as appellants were unaware

that they were eligible for a SEP at that time to enroll outside of open enrollment, and as appellants were unaware that they were eligible for financial assistance for their healthcare coverage.

Your Health Idaho does not dispute that appellants were eligible for, and in fact did award appellants with a SEP in response to the April 15, 2016 application, with a deadline of July 10, 2016 to utilize the SEP to enroll in coverage; however, as the appellants never received the eligibility determination which stipulated this SEP, the appellants were unaware of and unable to act upon it. The Your Health Idaho Appeal Panel suggests that any error in this case in on the part of appellants, including appellants' failure to utilize the awarded SEP and enroll by July 10, 2016; however, as indicated below, the appellants' failure to enroll by July 10, 2016 resulted from Your Health Idaho's error in not providing appellants with the eligibility determination informing appellants of their eligibility for a SEP.

Upon consideration of the entire record in this case, the determination by the Your Health Idaho Appeal Panel to deny the appellants eligibility for a special enrollment period was determined incorrectly.

#### **Order**

Based upon review of the relevant facts and law, the denial of eligibility for a special enrollment period by Your Health Idaho is **INCORRECT**. Additionally, the **November 28, 2016**, Your Health Idaho Appeal Panel decision is **OVERTURNED**.

Because this appeal decision changes the appellants' eligibility determination, this matter is remanded to Your Health Idaho for further action consistent with this decision. Your Health Idaho is directed to reassess and effectuate this eligibility appeal decision promptly and without delay based on the findings of facts identified above.

**This appeal decision is final and binding. Please keep this notice for your records.**

**Judicial review of this decision may be available. See 45 CFR § 155.505 (g).**

**SO ORDERED.**

**THEAH SCOTT**  
Federal Hearing Officer

**December 22, 2017**

### **Next Steps for Appellant**

We have sent a copy of this decision to Your Health Idaho instructing them to take further action consistent with this appeal decision.

For more information about how this decision affects you, you may contact Your Health Idaho at (855) 944-3246 or <https://www.yourhealthidaho.org/>.

### **For More Help**

If you have any questions about this notice, please call the Marketplace Appeals Center at 1-855-231-1751. TTY users should call 1-855-739-2231. Hours of operation are Monday through Friday, 7:30 a.m. to 8:30 p.m. Eastern Time (ET); and Saturday, 10 a.m. to 5:30 p.m. ET.

### **Language Assistance Services**

If you need language assistance in a language other than English, you have the right to get help and information in your language at no cost. Information about how to access these language assistance services is included with this notice, as a separate page. Visit [HealthCare.gov](http://HealthCare.gov) or call the Marketplace Call Center at 1-800-318-2596 to get more information on these services. TTY users should call 1-855-889-4325.

### **Accessibility**

To request an auxiliary aid or service, you can:

- Call 1-844-ALT-FORM (1-844-258-3676). TTY users should call: 1-844-716-3676.
- Send a fax to 1-844-530-3676.
- Send an email to: [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov)
- Send a letter to:

Centers for Medicare and Medicaid Services  
Office of Equal Employment Opportunity & Civil Rights (OEOCR)  
7500 Security Boulevard, Room N2-22-16  
Baltimore, MD 21244-1850  
Attn: CMS Alternate Format Team

### **Privacy Act Statement**

The Marketplace protects the privacy and security of information about you that you have provided. To view the Privacy Act Statement, go to [HealthCare.gov/individual-privacy-act-statement/](http://HealthCare.gov/individual-privacy-act-statement/). This notice was generated by the Marketplace based on 45 CFR part 155, subpart F. The information used to create this notice was collected from the application you filled out,

from your appeal request and other associated materials you may have submitted, and from other data sources through the electronic eligibility verification process to get an eligibility determination for enrollment in a qualified health plan through the Marketplace and insurance affordability programs. For more information about the privacy and security of your information, visit [HealthCare.gov/privacy/](https://www.healthcare.gov/privacy/).





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### **Accessibility**

To request this form in Braille, large print, data CD, audio CD, or to request a qualified reader, you can call 1-844-ALT-FORM (1-844-258-3676). TTY users should call 1-844-716-3676. You can also make a request by sending a fax to 1-844-530-3676, an email to [AltFormatRequest@cms.hhs.gov](mailto:AltFormatRequest@cms.hhs.gov), or a letter to Offices of Hearings and Inquiries (OHI), Attn: CMS Alternate Format Team, 7500 Security Boulevard, Mail Stop S1-13-25, Baltimore, MD 21244-1850. Accommodations are available and provided at no cost to you.

### **Don't use Accessibility contact information to submit information about your appeal.**

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### **Nondiscrimination**

The Health Insurance Marketplace doesn't exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, disability, sex, or age. If you think you've been discriminated against or treated unfairly for any of these reasons, you can file a complaint with the Department of Health and Human Services, Office for Civil Rights by calling 1-800-368-1019 (TTY: 1-800-537-7697), visiting [hhs.gov/ocr/civilrights/complaints](https://www.hhs.gov/ocr/civilrights/complaints), or writing to the Office for Civil Rights/ U.S. Department of Health and Human Services/200 Independence Avenue, SW/ Room 509F, HHH Building/ Washington, D.C. 20201.

**This Notice has Important Information.** This notice has important information about your application or coverage through the Health Insurance Marketplace. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 1-800-318-2596 and wait through the opening. When an agent answers, state the language you need and you'll be connected with an interpreter.

العربية (Arabic) يحتوي هذا الإشعار على معلومات هامة بخصوص طلبك أو تغطيتك من خلال سوق التأمين الصحي. ابحث عن التواريخ الرئيسية في هذا الإشعار. قد تحتاج الى اتخاذ اجراء في مواعيد معينة للحفاظ على تغطيتك الصحية او للمساعدة في التكاليف. لك الحق في الحصول على هذه المعلومات وعلى المساعدة بلغتك من دون اي تكلفة. اتصل بالرقم 1-800-318-2596 و انتظر عند سماعك الافتتاحية. عندما يجيبك الممثل قم بتحديد اللغة التي تحتاج و سيجري وصلك بالمترجم.

**中文 (Chinese)** 本通知包含您通过健康保险市场的申请或保险范围方面的重要信息。查阅本通知中的重要日期。您可能需要在某些截止日期前采取行动以续保或有助于节省某些费用。您有权免费获取本信息以及您所使用语种的帮助。请致电 1-800-318-2596 并聽完全部錄音。當有代表接聽時，请说明您所需的语种，届时将有译员与您联系。

**Français (French)** Cet avis contient des informations importantes concernant votre demande ou votre couverture à travers le Marché d'assurance maladie. Recherchez les dates clés dans le présent avis. Vous pourrez avoir besoin de prendre des mesures avant certaines dates limites afin de garder votre couverture santé ou de vous aider avec les coûts. Vous avez le droit d'obtenir ces informations et de l'aide dans votre langue sans frais. Appelez le 1-800-318-2596 et appuyez sur « 0 » à deux reprises attendre à travers l'ouverture. Quand l'agent répond indiquez la langue dont vous avez besoin et vous serez mis en relation avec un interprète.

**Kreyòl (French Creole)** Avi sa a gen enfòmasyon enpòtan sou aplikasyon w lan oswa pwoteksyon atravè Health Insurance Marketplace la. Gade pou datke nan avi sa a. Ou ka bezwen pran aksyon pa yon sèten dat limit pou ou kenbe asirans sante ou oswa èd ak depans yo. Ou gen dwa pou ou jwenn enfòmasyon sa a akèd nan lang ou sanpa sa pa koute ou anyen. Rele 1-800-318-2596 epi rete tann ouvèti an. Lè yon ajan reponn, di lang ou bezwen an epi ou pral konekte ak yon entèprèt.

**Deutsch (German)** Diese Benachrichtigung enthält wichtige Informationen zu Ihrem Antrag oder Versicherung durch den Health Insurance Marketplace. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie müssen möglicherweise bis zu bestimmten Stichtagen handeln, um Ihre Krankenversicherung aufrechtzuerhalten oder Hilfe mit Kosten zu erhalten. Sie haben das Recht, diese Informationen und Hilfe in Ihrer Sprache kostenlos zu erhalten. Rufen Sie 1-800-318-2596 an und warten Sie die Ansage ab. Wenn sich ein Mitarbeiter meldet, wählen Sie die Sprache aus, die Sie benötigen und Sie werden mit einem Dolmetscher verbunden.

**ગુજરાતી (Gujarati)** આ સૂચનામાં આરોગ્ય વીમા માર્કેટસ્થળ સમારકાતે તમારી અરજી અથવા સર્વગ્રાહી વીમો વિશેની મહત્વની માહિતી છે. આ સૂચનામાં મહત્વની તારીખો માટે જુઓ. તમે તમારા આરોગ્ય આવી લેવા અથવા ખર્ચમાં મદદ કરવા માટે અમુક ચોક્કસ નિશ્ચિત સમય ને હદમાં ધ્યાનમાં રાખીને પગલાં લેવાની જરૂર પડે છે. મને કોઈ પણ ખર્ચ વિના તમારી ભાષામાં આજ્ઞાકારી અને મદદ મેળવવાનો અધિકાર છે. 1-800-318-2596 અને શરૂઆતના મારફતે રાહ જુઓ. એક એજન્ટ જવાબ આપે, ત્યારે તેમને તમે જરૂરી ભાષા જણાવો અને તમને દુભાષિયો સાથે જોડવામાં આવશે.

**Italiano (Italian)** Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni riguardo la sua richiesta o copertura assicurativa tramite l'Health Insurance Marketplace. Controlli le date più importanti di questo avviso. Potrebbe avere la necessità di compiere alcune azioni al fine di conservare la sua copertura medica o per ridurre i costi. Ha il diritto di ricevere queste informazioni ed assistenza nella sua lingua senza costi aggiuntivi. Chiami all'1-800-318-2596 e resti in attesa del primo operatore disponibile. Quando un nostro operatore risponderà, comunichi la lingua di cui ha bisogno e sarà collegato/a con un interprete.

**日本語 (Japanese)** この通知には重要な情報が含まれています。この通知には、Health Insurance Marketplace 経由のアプリケーションまたは補償範囲に関する重要な情報が含まれます。この通知では、重要な期日について確認してください。補償範囲や費用サポートを維持するには、指定の期日までにご対応いただく必要がある場合があります。これらの情報を無料で取得する権利および希望の言語でサポートを受ける権利があります。1-800-318-2596 にお問い合わせください。



き、つながるまでお待ちください。エージェントにつながりましたら、必要とする言語をお伝え下さい。通訳者とつながります。

**한국어 (Korean)** 이 통지서에는 건강 보험 시장을 통한 귀하의 신청이나 보험 커버리지에 관한 중요한 정보가 포함되어 있습니다. 이 통지서에 나타난 중요한 날짜들을 잘 찾아 보십시오. 귀하는 귀하의 보험 커버리지를 계속 유지시키거나 경비를 절감하는 도움을 얻기 위해서 일정한 마감일 까지 필요한 조치를 취해야 할 수도 있습니다. 귀하는 귀하의 언어로 이 정보와 도움을 무료로 받을 수 있는 권리가 있습니다. 1-800-318-2596 로 전화하시고 시작하기 전에 기다리십시오. 직원이 전화를 받으면 귀하가 필요한 언어를 말씀하십시오. 그러면 통역사와 연결될 것입니다.

**Polski (Polish)** To ogłoszenie zawiera ważne informacje odnośnie Państwa wniosku o ubezpieczenie lub polisy zdrowotnej zakupionej przez Rynek Ubezpieczeń Zdrowotnych. Prosimy zwrócić uwagę na kluczowe daty zawarte w tym ogłoszeniu aby przy podejmowaniu ewentualnych decyzji dotyczących odnowienia polisy lub pomocy związanej z kosztami, nie przekroczyć terminów. Macie Państwo prawo do bezpłatnej informacji we własnym języku. W tym celu prosimy o telefon pod numer 1 800 318 2596, następnie proszę poczekać na zgłoszenie się operatora i wypowiedzenie preferowanego języka a rozmowa zostanie przełączona do tłumacza.

**Português (Portuguese)** Este aviso contém informações importantes sobre sua aplicação ou cobertura ao longo do Mercado de Planos de Saúde (Health Insurance Marketplace). Observe as datas importantes nesse aviso. Você poderá precisar tomar medidas, até determinados prazos, para manter sua cobertura médica ou ajuda de custo. Você tem o direito de obter tais informações e auxílio em seu idioma, sem custo algum. Ligue para 1-800-318-2596 e espere através da introdução. Quando o agente atende, afirme o idioma que precisa e você será transferido para um intérprete.

**Русский (Russian)** В настоящем уведомлении содержится важная информация о вашей страховке через рынок медицинского страхования. Вы можете найти важные даты в данном уведомлении. Возможно, вам придется предпринять некоторые действия к конкретным срокам, с тем, чтобы сохранить вашу медицинскую страховку или финансовую помощь на медицинские расходы. Вы имеете право на получение этой информации и помощи на родном языке бесплатно. Позвоните по номеру 1-800-318-2596 и прослушайте вступительную информацию до конца. Когда ответит агент, укажите необходимый язык, и вас соединят с переводчиком.

**Español (Spanish)** Este aviso contiene información importante sobre su solicitud o la cobertura que tiene a través del Mercado de Seguros Médicos. Consulte las fechas importantes que figuran aquí. Es probable que deba tomar medidas antes de algunas fechas clave para mantener su cobertura de salud o seguir recibiendo ayuda para pagar los costos. Usted tiene derecho a recibir esta información y asistencia en su idioma en forma gratuita. Llame al 1-800-318-2596 y espere a través de la introducción. Cuando el agente atiende, indique el idioma que necesita y lo pondrán en comunicación con un intérprete.

**Tagalog (Tagalog)** Ang paunawa na ito ay may nilalamang mahalagang impormasyon tungkol sa iyong aplikasyon o kaseguruhan sa pamamagitan ng Health Insurance Marketplace. Tingnan ang mga mahalagang petsa sa paunawang ito. Maaring mangailangang gumawa ka ng hakbang sa loob ng mga itinakdang petsa upang mapanatili ang iyong kaseguruhang pangkalusugan o makatanggap ng tulong sa mga gastos. Mayroon kang karapatang makuha ang impormasyon na ito at tulong sa iyong wika ng walang gastos. Tumawag sa 1-800-318-2596 at maghintay ng pagkakataong mabuksan ang linya. Kapag sumagot ang isang ahente, sabihin ang kailangan mong wika at ikaw ay iuugnay sa isang tagapagsalin sa Tagalog.

**Tiếng Việt (Vietnamese)** Thông báo này có thông tin quan trọng bàn về đơn nộp hoặc hợp đồng bảo hiểm của chương trình Thị trường bảo hiểm sức khỏe Marketplace. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi 1-800-318-2596 và đợi nghe hết lời mở đầu do máy nói. Cho tới khi gặp một nhân viên trả lời, xin nói ngôn ngữ của mình là gì và quý vị sẽ được kết nối với một thông dịch viên.

