

[Consumer Name]
[Consumer Address]

Appellant: **[Consumer Name]**

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.¹

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.²

This is the final decision of your 2017 Federal Marketplace eligibility appeal.

Procedural History

On February 1, 2019, [consumer name], [spouse] to appellant, appealed to Your Health Idaho on behalf of the appellant, who is deceased, seeking a retroactive special enrollment period (SEP) effective April 1, 2017.

¹ See 45 CFR § 155.505(c).

² See 45 CFR § 155.535(e).

On April 19, 2019, a hearing was conducted by the Your Health Idaho appeal panel in response to the appeal request. [Consumer name] was present in person. [YHI staff] also appeared and testified on behalf of Your Health Idaho. A decision denying a retroactive SEP was issued by Your Health Idaho on April 22, 2019.

On May 21, 2019, the Federal Marketplace Appeals Center received the appellant's appeal request, which disputes Your Health Idaho's decision dated April 22, 2019.

On March 12, 2020, a hearing was held with the Federal Marketplace Appeals Center by a Federal Hearing Officer. [Consumer name] and authorized representative (AR) [representative name] were 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.

Standard of Review

Federal Marketplace appeals are subject to *de novo* review, which means the appeal was treated as though the Federal Marketplace Appeals Center was the first decision-maker in the matter, considering all the information in the eligibility and appeal records, as applicable, as well as any additional relevant evidence adduced before it during the appeal. 45 CFR § 155.535(f). Accordingly, this Marketplace appeal decision is based on the evidence in the record including all of the information available from the State-based Marketplace eligibility determination, all of the information available from the State-based Marketplace appeal, testimony during the Federal Marketplace appeal hearing, and any additional relevant evidence presented during the course of the Federal Marketplace appeal. 45 CFR § 155.535(e).

Findings of Fact

1. The authorized representative testified that the appellant moved to Idaho in March 2017.
2. The appellant's [spouse] testified that on March 27, 2017, an agent from Blue Cross of Idaho assisted the appellant with enrollment in health coverage that was effective from April 1, 2017, through December 31, 2017.
3. The appellant's [spouse] testified that the Blue Cross agent failed to provide the appellant with the option to enroll through the Your Health Idaho exchange to potentially qualify for financial assistance, which includes advance payments of the premium tax credit (APTC) to offset an individual's monthly premium cost.

4. The appellant's [spouse] testified that had the appellant been aware that she could have been enrolled through Your Health Idaho, and potentially qualify for APTC, she would have done so.
5. The appellant's [spouse] testified that he believes the Blue Cross agent's failure to notify the appellant of the option to enroll through Your Health Idaho constitutes as an error, misrepresentation, or inaction of a non-exchange entity providing enrollment assistance and conducting enrollment activities under 45 CFR 155.420(d)(4).
6. The record reflects that the appellant contacted Your Health Idaho on November 3, 2017, to inquire about retroactive enrollment with effective date of April 1, 2017, in order to qualify for APTC. The record reflects that the Your Health Idaho representative with whom the appellant spoke with advised appellant that if she qualified for SEP, her effective date of enrollment would be December 1, 2017.
7. The record reflects that the appellant submitted an application to Your Health Idaho on November 9, 2017 and selected a plan on November 15, 2017. The record reflects that this plan became effective January 1, 2018.
8. The Your Health Idaho representative testified that the Idaho Department of Insurance had investigated the appellant's complaint and found that no error, omission, or negligence had occurred.
9. Your Health Idaho submitted as evidence a copy of a notice from the Idaho Department of Insurance dated February 20, 2018, which indicates that the appellant's broker who assisted with 2017 enrollment stated that the appellant advised him she did not qualify for tax credits while he assisted her with enrollment. Further, the notice states that no violation of Idaho Insurance Code occurred.
10. The record reflects that the appellant passed away on November 26, 2018.

Conclusions of Law

Federal regulations provide that an applicant or enrollee must have the right to appeal an appeal decision issued by a State Exchange appeals entity (also known as the State Marketplace and State Marketplace appeals entity) to the federal, HHS appeals entity, so long as: 1) the applicant or enrollee disagrees with the written appeal decision issued by the State Exchange appeals entity; and 2) the appeal request is made to the HHS appeals entity within the timely filing period, which is within 30 days of the State Exchange appeals entity's notice of appeal decision. See 45 CFR 155.505(b)(5), 155.545(b) and 155.520(c). If the appeal request meets these criteria, the HHS appeals entity (also known as the Marketplace Appeals Center) will process the appeal.

Regardless of whether an applicant or enrollee appeals to a State Exchange appeals entity or the Marketplace Appeals Center, federal regulations provide that an applicant or enrollee only has a right to appeal certain actions of the Marketplace.

Specifically, applicants and enrollees have the right to appeal the following:

1. An eligibility determination, including an initial eligibility determination and a redetermination of eligibility;
2. A determination of eligibility for an enrollment period;
3. An eligibility determination for an exemption;
4. A failure of the Exchange to provide timely notice of an eligibility determination;
5. A denial by a State Exchange appeals entity of a request to vacate a dismissal of an appeal filed with the State Exchange appeals entity; and
6. An appeal decision by a State Exchange appeals entity upon exhaustion of the State Exchange entity's appeal process. See 45 CFR §155.505 (b) and (c).

An appeal must be about one of these things; otherwise, neither the State Exchange appeals entity nor the Marketplace Appeals Center has jurisdiction to hear the appeal. This means that the State Exchange appeals entity and the Marketplace Appeals Center don't have the authority to hear an appeal about something that doesn't fall into one of these categories. If an appeal is about something else, it must be dismissed.

When the Federal Marketplace Appeals Center receives an appeal from a written decision issued by a State Exchange appeals entity, we first determine whether the appeal meets the first criteria of being an appeal of an appeal decision issued by a State Exchange appeals entity that the appellant disagrees with, and that the appeal to the Marketplace Appeals Center is timely. If the appeal is valid, a Federal Hearing Officer holds a hearing to fully develop the record and make sure that the appellant gets to appeal any issue he or she wants, over which the Marketplace Appeals Center has jurisdiction. If, after the hearing, the Federal Hearing Officer determines that the Marketplace Appeals Center does not have jurisdiction over the appeal because it is about something other than the categories listed above, the Marketplace Appeals Center cannot decide the appeal and the Federal Hearing Officer must dismiss it.

From the record before us, it is clear that the appellant in this case initially enrolled in 2017 health coverage with Blue Cross of Idaho, outside of the Your Health Idaho exchange. After learning that she may qualify for financial assistance through the Your Health Idaho exchange, the appellant completed an application with Your Health Idaho for the 2018 plan year, which prompted her to also seek retroactive financial assistance for her 2017 enrollment. Because the 2017 enrollment with Blue Cross of Idaho occurred outside of the Your Health Idaho exchange, any complaints related to that enrollment with Blue Cross of Idaho are not matters identified in 45 CFR § 155.505(b) that an appellant may appeal or over which the State Exchange appeals entity or Marketplace Appeals Center has jurisdiction. As a result, the issue presented by the appellant regarding the Blue Cross of Idaho agent's action or inaction, who was acting as an agent of Blue Cross of Idaho, an entity outside of the Your Health Idaho

exchange, was never appealable to the State Exchange appeals entity and cannot be appealed to, or decided by, the Federal Marketplace Appeals Center.

Accordingly, based upon the evidence in the record and the legal standards set forth in Federal regulations, there is no basis for an appeal in this matter. See 45 CFR § 155.505 (b) and (c).

Order

Based upon review of the relevant facts and law, the case is DISMISSED.

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.

Makda Belay
Federal Hearing Officer

June 24, 2020

Next Steps for Appellant

We have sent a copy of this decision to Your Health Idaho informing them that your Federally-facilitated Marketplace (FFM) appeal has been dismissed.

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 questions about your appeal 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, 7:00 a.m. to 8:30 p.m. Eastern Time (ET).

Language Assistance Services

If you need help with your appeal in a language other than English, you have the right to get information in your language at no cost. Call the Marketplace Appeals Center at 1-855-231-1751. Hours of operation are Monday through Friday, 7:00 a.m. to 8:30 p.m. Eastern Time (ET).

Accessibility

To request appeal forms and notices in an alternate format like Braille, large print, data CD,

audio CD, or to request a qualified reader, you can call the Marketplace Appeals Center at 1-855-231-1751. TTY users can call 1-855-739-2231. Hours of operation are Monday through Friday, 7:00 a.m. to 8:30 p.m. Eastern Time (ET). You can also make a request in writing by fax (1-877-369-0130) or mail (Marketplace Appeals Center, P.O. Box 311, Pittston, PA 18640). Accommodations are provided at no cost to you.

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/](https://www.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/).

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 Marketplace eligibility appeal. Look for key dates in this notice. You may need to take action by certain deadlines. You have the right to get this information and help in your language at no cost. Call 1-855-231-1751 and tell the agent the language you need and you'll be connected with an interpreter.

العربية (Arabic) هذا الإشعار به معلومات هامة. هذا المعلومات به معلومات هامة عن جاذبيتك للأهلية في السوق. ابحث عن التواريخ الأساسية في هذا الإشعار. قد تحتاج إلى اتخاذ إجراء بحلول مواعيد نهائية معينة. لديك الحق في الحصول على هذا المعلومات والمساعدة بلغتك دون تكلفة. اتصل برقم 1-855-231-1751 وأخبر المندوب باللغة التي تحتاجها وسيتم الاتصال بك بحضور مترجم.

中文 (Chinese) 本通知包含重要資訊。 本通知包含與您的 Marketplace 資格申訴相關的重要信息。請在此通知中查找關鍵日期。您可能需要在一定的截止日期前採取行動。您有權免費獲取此資訊及以您的語言提供的幫助。請致電 1-855-231-1751 並將您所需要的語言告訴代理，會有譯員與您聯絡。

Français (French) Cet avis contient des informations importantes. Cet avis contient des informations importantes sur l'appel que vous avez fait au sujet de votre admissibilité au Marché de l'assurance santé. Vérifiez les dates clés dans cet avis. Il se peut que vous ayez des démarches à entreprendre avant certaines dates. Vous pouvez obtenir ces informations ainsi que de l'aide dans votre langue gratuitement. Appelez le 1-855-231-1751 et dites à l'agent la langue souhaitée, on vous mettra alors en contact avec un(e) interprète.

Kreyòl (French Creole) Avi sa a gen Enfòmasyon Enpòtan ladan. Avi sa a gen enfòmasyon enpòtan ladan konsènan kontestasyon kalifikasyon pou Mache ou a. Chèche dat kle yo ki nan avi sa a. Ou ka bezwen aji avan sèten dat limit. Ou gen dwa pou jwenn enfòmasyon sa a ak èd nan lang ou gratis. Rele 1-855-231-1751 epi di ajan an ki lang ou bezwen epi y ap mete ou an kontak ak yon entèprèt.

Deutsch (German) Dieser Hinweis enthält wichtige Information. Dieser Hinweis enthält wichtige Informationen bezüglich Ihres Berufung von Anspruchsberechtigung bei Marketplace. Suchen Sie in diesem Hinweis nach den relevanten Daten. Behalten Sie Fristen im Auge. Ein kostenloser Service bei dem Sie Informationen und Hilfe in Ihrer Muttersprache erhalten steht Ihnen unter der Nummer 1-855-231-1751 zur Verfügung. Rufen Sie an und geben Sie Ihre Muttersprache an. Sie werden daraufhin mit einem Dolmetscher verbunden.

ગુજરાતી (Gujarati) આ નોટિસ માં અગત્યની માહિતી છે. આ નોટિસમાં તમારી માર્કેટપ્લેસ અપીલ વિશે અગત્યની માહિતી છે. આ નોટિસમાં રહેલી મહત્વની તારીખો જુઓ. તમારે અમુક ડેડલાઈન્સ સુધીમાં ચોક્કસ પગલાં લેવાની જરૂર પડી શકે છે. તમને કોઈ પણ પ્રકારના ખર્ચા વિના આ માહિતી મેળવવાનો અને તમારી ભાષામાં મદદ મેળવવાનો અધિકાર છે. 1-855-231-1751 પર કોલ કરો અને એજન્ટને તમને જોઈતી ભાષા વિશે કહો. તમારો સંપર્ક તરત જ એક દુભાષિયા સાથે કરાવવામાં આવશે.

Italiano (Italian) Questo avviso contiene informazioni importanti. Questo avviso contiene informazioni importanti relative all'appello da lei presentato a Marketplace circa la sua idoneità. Cerchi nell'avviso le date chiave: potrebbe esserle richiesto di agire entro certe scadenze. Lei ha diritto a ricevere gratuitamente aiuto e spiegazioni nella sua lingua. Chiami il numero 1-855-231-1751 e dica all'operatore la lingua di cui ha bisogno; l'operatore la metterà in contatto con un interprete.

日本語 (Japanese) 本通知には重要な情報が含まれています。 本通知には、Marketplace 資格申立に関する重要な情報が含まれています。本通知内の主な日付を確認してください。指定された日付に申立を行う必要があります。あなたは、本情報を取得する権利があり、無料の言語翻訳サービスを受けることができます。1-855-231-1751 にお電話いただければ、あなたの国の言語で話すことができる通訳者につながります。

한국어 (Korean) 이 통지에는 중요한 정보가 있습니다. 이 통지에는 마켓플레이스 적격성 항소에 대한 중요한 정보가 있습니다. 이 통지서에서 중요한 날짜를 찾으십시오. 일정 마감일까지 조치를 취해야 할 수도 있습니다. 귀하는 이 정보를 얻고 무료로 언어 도움을 받을 수 있는 권리가 있습니다. 1-855-231-1751로 전화하여 상담원에게 필요한 언어를 알려 주시면 통역사와 연결됩니다.

Polski (Polish) To zawiadomienie zawiera ważne informacje. To zawiadomienie zawiera ważne informacje na temat Państwa odwołania w kwestii kwalifikowalności na Marketplace. Prosimy zwrócić uwagę na kluczowe daty w tym zawiadomieniu. Być może będą Państwo musieli podjąć jakieś działania w określonych terminach. Mają Państwo prawo do uzyskania tej informacji w swoim języku bez ponoszenia dodatkowych kosztów. Prosimy o telefon pod numer 1-855-231-1751, aby porozmawiać z naszym przedstawicielem i powiedzieć, o jaki język chodzi, a zostaniecie Państwo połączeni z tłumaczem.

Português (Portuguese) Este comunicado contém informações importantes. Este comunicado contém informações importantes sobre o seu pedido de notificação de elegibilidade do Marketplace. Procure datas importantes neste aviso. Talvez você precise tomar medidas de acordo com determinados prazos. Você tem o direito de obter essas informações e conseguir ajuda, sem custo algum, no seu próprio idioma. Ligue para 1-855-231-1751 e informe o representante da central de atendimento sobre o idioma do qual necessita para que você seja conectado com um intérprete.

Русский (Russian) В этом уведомлении содержится важная информация. В этом уведомлении содержится важная информация о Вашей апелляции относительно соответствия требованиям системы Marketplace. Найдите важные даты в этом уведомлении. Возможно, Вам нужно предпринять действия к определенному сроку. У Вас есть право получить эту информацию и помощь на Вашем родном языке бесплатно. Позвоните по номеру 1-855-231-1751 и сообщите агенту, какой язык Вам нужен, и Вас соединят с переводчиком.

Español (Spanish) Este Aviso contiene Información Importante. Este aviso tiene información importante acerca de su apelación de elegibilidad del Mercado. Preste atención a las fechas importantes que aparecen en este aviso. Es posible que deba tomar acción dentro de ciertos plazos. Usted tiene derecho a recibir esta información y asistencia en su idioma sin costo alguno. Llame al 1-855-231-1751 e indique al agente el idioma que necesita y lo pondrán en comunicación con un intérprete.

Tagalog (Tagalog) Ang Abisong Ito ay May Mahalagang Impormasyon. Ang abisong ito ay may mahalagang impormasyon tungkol sa apela mo sa pagiging nararapat sa Marketplace. Maghanap ng mga pangunahing petsa sa abisong ito. Maaaring kailanganin mong kumilos bago sumapit ang mga partikular na deadline. May karapatan kang makuha ang impormasyong ito sa wika mo ng wala kang gagastusin. Tumawag sa 1-855-231-1751 at sabihin sa agent ang kailangan mong wika at ikokonekta ka sa tagapagsalin ng wika.

Tiếng Việt (Vietnamese) Thông Báo Này có chứa Thông Tin Quan Trọng. Thông báo này có thông tin quan trọng về kháng cáo tính đủ điều kiện của Thị Trường. Tìm những ngày quan trọng trong thông báo này. Quý vị có thể cần phải thực hiện theo thời hạn nhất định. Quý vị có quyền nhận thông tin này và nhận được trợ giúp miễn phí bằng ngôn ngữ của quý vị. Vui lòng gọi số 1-855-231-1751 và báo cho đại lý biết ngôn ngữ quý vị cần và quý vị sẽ được kết nối với một thông dịch viên.