Health Insurance Marketplace
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MARKETPLACE APPEALS CENTER
P.O. BOX 311
PITTSTON, PENNSYLVANIA 18640

Notice Number 3358553

[Consumer Name]
[Consumer Address]

Appellant(s): **[Consumer Name]**

Case ID: **[Federal Number]**

State Case ID: **[State Number]**

CC: **Your Health Idaho**

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. Eligibility appeals are reviewed "de novo," meaning, without regard to any prior eligibility determinations made in the matter being appealed. Applicants and enrollees may appeal decisions made by a State Exchange appeals entity directly to the Department of Health and Human Services Marketplace Appeals entity. *See* 45 CFR § 155.505(c).

Before we issued this notice, we considered the information used in your State Exchange Eligibility Determination and in your eligibility appeal with the State Exchange, as well as any additional relevant evidence presented during the course of this Federal Marketplace eligibility appeal. *See id.*

This is the final resolution of your Federal Marketplace eligibility appeal.

Procedural History

On March 23, 2026, the appellants, [Consumer Name] and [Consumer Name], submitted a request for an appeal with the State Exchange Your Health Idaho, because the appellants are appealing for a corrected 1095A form for the 2025 plan year.

On April 6, 2026, Your Health Idaho sent the appellants a notice that their appeal was invalid and if no hearing was requested within 10 days, the appeal would be dismissed.

On April 16, 2026, Your Health Idaho dismissed the appeal as the appellants had not submitted a valid appeal nor requested an appeal hearing within 10 days of the April 6, 2026, notice.

On April 23, 2026, the appellants submitted a request to vacate the dismissal to Your Health Idaho. Your Health Idaho denied the request to vacate the dismissal as no good cause was provided for the dismissal to be vacated.

On April 23, 2026, the Federal Marketplace Appeals Center received the appellants' second-tier appeal. The appellants are appealing for a corrected 1095A form and retroactive termination.

On June 30, 2026, a Federal Hearing Officer with the Federal Marketplace Appeals Center held a hearing. [Consumer Name] and [Consumer Name] were present for the hearing. A representative from Your Health Idaho, [YHI Staff], was present for the hearing.

Legal Basis

The legal basis for this decision is contained in federal regulations in 45 Code of Federal Regulations part 155, subparts D, E, and F, which you can find at 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. The Federal Marketplace Appeals Center considers all the information in the eligibility and appeal records, as applicable, as well as any additional relevant evidence presented before it during the appeal. *See* 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 Exchange Eligibility Determination, all of the information available from the State Exchange appeal, testimony provided during the Federal Marketplace appeal hearing, and any additional relevant evidence presented during the course of the Federal Marketplace appeal. *See* 45 CFR § 155.535(e).

Findings of Fact

1. In this appeal, the appellants are [Consumer Name] and [Consumer Name].
2. The record reflects the appellants were enrolled in 2025 health coverage with Your Health Idaho from January 1, 2025, through December 31, 2025. The appellants received a premium tax credit of $1,756.05 per month for the 2025 benefit year, which is $21,072.60 annually.
3. The record reflects that on October 8, 2025, the appellants were automatically enrolled with the State Exchange, Your Health Idaho, effective January 1, 2026. The state's eligibility determination found: the appellants eligible to enroll into a health plan with Your Health Idaho and that the appellants were eligible for advance premium tax credits and cost-sharing reductions for the 2026 benefit year.
4. On March 23, 2026, the appellants submitted an appeal with Your Health Idaho to retroactively terminate 2025 coverage and receive a corrected 1095A form.
5. The record reflects that Your Health Idaho dismissed the appeal as invalid on April 16, 2026.

6. On April 23, 2026, the appellants submitted to Your Health Idaho a request for the dismissal to be vacated. Since no good cause was provided, Your Health Idaho denied the vacate request.
7. During the Federally Facilitated Marketplace Appeals Center hearing ("federal hearing"), on June 30, 2026, the appellants provided an opening statement that they were seeking retroactive termination of coverage, as [Consumer Name] had employer coverage beginning February 1, 2025.
8. The record reflects that during the federal hearing, the appellants are seeking retroactive termination from February 1, 2025, through December 31, 2025, and a corrected 1095A form.
9. During the federal hearing, the appellants testified that they contacted their agent to cancel the coverage with Your Health Idaho and that the appellants disregarded the notices received from Your Health Idaho as appellants had assumed the coverage had been terminated.
10. During the federal hearing, [YHI Staff], from Your Health Idaho, provided testimony that the appellants had not contacted Your Health Idaho to terminate their 2025 coverage until March 18, 2026. Additionally, there was no record of any prior contact from the appellants to terminate their 2025 coverage.

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.S0S(b)(S), 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.

When the 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 from 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.

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.

In this appeal, the jurisdiction of the Marketplace Appeals Center is determining if Your Health Idaho properly denied the appellant's request to vacate the dismissal on April 23, 2026. During the federal hearing, the appellants stated they filed an appeal with the state exchange to retroactively terminate coverage and issue a corrected 1095A form. The issue of retroactive termination was found by Your Health Idaho to be an invalid appeal reason and was therefore dismissed on April 16, 2026. The appellants submitted a request to Your Health Idaho on April 23, 2026, to vacate the dismissal. Your Health Idaho denied appellant's request to vacate the dismissal because the appellants were still seeking retroactive termination and a corrected 1095A.

A request to retroactively terminate coverage is not a matter identified in regulation that a consumer may appeal to a state exchange appeals entity or to the Federal Marketplace Appeals Center; therefore, neither Your Health Idaho nor the Federal Marketplace Appeals Center has jurisdiction over this appeal request. *Id.*

Therefore, based on evidence and documentation in the record, Your Health Idaho properly denied the request to vacate the dismissal on April 23, 2026.

Based upon the evidence in the record, the appellants do not meet the requirements to vacate the dismissal of the appeal for the 2025 benefit year. *See* 45 CFR § 155.530(d)(1).

Based upon the evidence in the record, the appellant(s) did/did not show good cause to why the dismissal should be vacated for the 2025 benefit year. *See* 45 CFR §155.530 (b)(3).

Order

Upon review of the findings of facts and law, the April 23, 2026, decision denying your request to vacate (reopen) your dismissed appeal made by Your Health Idaho (YHI) Governance Committee Members was determined CORRECTLY and is UPHELD.

You have the right to request review of this decision by the Administrator of the Centers for Medicare & Medicaid Services (CMS). For more information or to request Administrator review, call the Marketplace Appeals Center at 1-855-788-7817. (TTY users can call 711.) Please note that there is no guaranteed right of review by the CMS Administrator, who may decline to review the appeal. If you want to request Administrator review, you must do so by **July 30, 2026. After July 30, 2026, this decision is final and binding.**

SO ORDERED,

K.M. Ireland

Federal Hearing Officer

July 16, 2026

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 YourHealthIdaho.org or 1-855-944-3246.

For more help

- If you have questions about your appeal, call the Marketplace Appeals Center at 1-855-231-1751 Monday- Friday, 7:00 am-8:30 p.m. Easten Time. TTY users can call 711.
- Get help in a language other than English. Information about how to access these services is included with this letter and available through the Marketplace Appeals Center.
- Call the Marketplace Appeals Center to get this information in an accessible format, like large print, braille, or audio, at no cost to you.

Sincerely,

Marketplace Appeals Center
Department of Health and Human Services
P.O. Box 311
Pittston, PA 18640

Privacy Disclosure: The Health Insurance Marketplace" protects the privacy and security of the personally identifiable information (PII) that you have provided (see HealthCare.gov/privacy). This notice was generated by the Marketplace based on 45 CFR 155, subpart F. The PII used to create this notice was collected from information you provided to the Health Insurance Marketplace". The Marketplace may have used data from other federal or state agencies or a consumer reporting agency to determine eligibility for the individuals on your application. If you have questions about this data, contact the Marketplace at 1-800-318-2596 (TTY: 1-855-889-4325).

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/civil-rights/filing-a-complaint/complaint-process, 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.

Health Insurance Marketplace" is a registered service mark of the U.S. Department of Health and Human Services.

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.

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Fram;ais (French) Cet avis contient des informations importantes. Cet avis comporte des informations importantes relatives a votre demande ou a votre couverture par le marche de !'assurance maladie (Health Insurance Marketplace®). Pretez attention aux dates importantes figurant dans cet avis. Il se peut que vous deviez prendre des mesures avant certaines dates limites pour conserver votre couverture medicale ou beneficier d'une aide financiere. Vous etes en droit d'obtenir ces informations et cette aide dans votre langue, et ce gratuitement. Appelez le 1-800-318-2596 et patientez. Des qu'un agent decroche, indiquez la langue dont vous avez besoin et vous serez mis en rapport avec un interprete.

Kreyol (French Creole) Avi sa a gen Enfomasyon Enpotan. Avi sa a gen enfomasyon enpotan konsenan aplikasyon w lan ak pwoteksyon ou an atrave Health Insurance Marketplace®. Cheche dat kle yo nan avi sa a. Li posib pou pran desizyon avan seten dat limit pou konseve pwoteksyon medikal ou oswa pou ede ak pri yo. Ou gen dwa pou jwenn enfomasyon sa a ak ed nan lang ou gratis. Rele 1-800-318-2596 epi tann sou liy nan. Le yon ajan reponn, di lang ou bezwen an epi yap mete wan koneksyon avek yon entepret.

Deutsch (German) Diese Mitteilung enthalt wichtige Informationen. Diese Mitteilung enthalt wichtige Informationen zu Ihrem Antrag oder Ihrer Versicherung uber den Health Insurance Marketplace®. Achten Sie auf die Eckdaten in dieser Mitteilung. Moglicherweise mussen Sie innerhalb bestimmter Fristen Mafsnahmen ergreifen, um Ihren Krankenversicherungsschutz zu behalten oder sich an den Kosten zu beteiligen. Sie haben das Recht, die Informationen und Hilfen kostenlos in Ihrer Sprache zu erhalten. Rufen Sie die Nummer 1-800-318-2596 an und warten Sie, bis das Gesprach angenommen wird. Wenn sich ein Mitarbeiter meldet, geben Sie die Sprache an, die Sie benotigen, und Sie werden mit einem Dolmetscher verbunden.

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Italiano (Italian) Questo avviso contiene importanti informazioni. Questo avviso contiene importanti informazioni sulla tua richiesta o copertura assicurativa attraverso ii mercato delle assicurazioni sanitarie (Health Insurance Marketplace®). Questa avviso include date importanti. Potrebbe essere necessario un tuo intervento entro certe scadenze per mantenere l'assicurazione sanitaria o assistenza con i costi. Hai diritto ad ottenere queste informazioni e assistenza nella tua lingua a titolo gratuito. Chiama ii 1-800-318-2596 e attendi la fine dell'introduzione. Quando un agente risponde, indica la linua di cui hai bisogno e sarai collegato a un interprete.

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Polski (Polish) Niniejsze zawiadomienie zawiera waine informacje. Niniejsze zawiadomienie zawiera wazne informacje na temat Twojego wniosku lub zakresu ubezpieczenia za posrednictwem rynku ubezpieczer\ zdrowotnych (Health Insurance Marketplace®). Szukaj kluczowych dat w tym ogtoszeniu. Bye moze b□dziesz musiat/a podjctc dziatania w okreslonych terminach, aby utrzymac ubezpieczenie zdrowotne lub pomoc w pokryciu kosztow. Masz prawo do uzyskania tych informacji i pomocy w swoim j□zyku bez zadnych kosztow. Zadzwor\ pod numer 1-800-318-2596 i czekaj, az skor\czy si□ wst□pna informacja. Gdy wtctczy si□ agent, podaj j□zyk, ktory jest Ci potrzebny, a zostaniesz po!ctczony z ttumaczem.

Portugues (Portuguese) Este aviso tern informa□oes importantes. Este aviso tern informai;:oes importantes sobre sua solicitai;:ao ou cobertura por meio do mercado de seguros de saude (Health Insurance Marketplace®). Procure as datas importantes neste aviso. Voce pode precisar agir dentro de certos prazos para manter sua cobertura de saude ou obter ajuda com os custos. Voce tern o direito de obter essas informai;:oes e ajuda gratuitamente no seu idioma. Ligue para 1-800-318-2596 e espere o fim da gravai;:ao de abertura. Quando o agente responder, diga o idioma que voce precisa e voce sera conectado(a) a um interprete.

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Espanol (Spanish) Este Aviso contiene Informacion Importante. Este aviso contiene informacion importante sobre su solicitud o su cobertura del Mercado de Seguros Medicos (Health Insurance Marketplace®). Preste atencion a las fechas claves en este aviso. Listed podrfa tener que actuar dentro de ciertos plazas para mantener su cobertura medica u obtener ayuda con los costos. Tiene derecho a recibir esta informacion y ayuda en su idioma sin costo. Llame al 1-800-318-2596 y espere hasta el fin del mensaje inicial. Cuando un agente contesta, indique el idioma que usted necesita y sera conectado con un interprete.

Tagalog (Tagalog) Ang Paunawang ito ay mayroong mahalagang impormasyon. Ang paunawang ito ay mayroong mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Pamilihan ng Segurong Pangkalusugan (Health Insurance Marketplace®), Tingnan ang mga pangunahing petsa sa paunawang ito. Maaaring kailangan mong gumawa ng aksyon sa tiyak na mga huling araw upang mapanatili mo ang sakop sa kalusugan o makatulong sa mga gastos. Mayroon kang karapatan na makakuha ng ganitong impormasyon at ng tulong sa iyong wika ng walang gastos, Tumawag sa 1-800-318-2596 at maghintay hanggang magbukas. Kapag sumagot ang isang ahente, sabihin mo ang wika na kailangan mo at iuugnay ka sa isang tagasalin ng wika.

Tieng Viet (Vietnamese) Thong baa nay co Thong tin Quan tr9ng. Thong bao nay co thong tin quan tr9ng ve clan clang ky ho□c bao hiem cua quy vi thong qua Thi trLl'O'ng Bao hiem SCrc kh6e (Health Insurance Marketplace®). nm xem cac ngay quan tr9ng trong thong bao nay. Quy vj co th□ can phai hanh ciqng theo mqt so thai h9n nhat cijnh ci□ duy trl bao hi□m *sCrc* kh6e cua mlnh ho□c ciU'Q'c giup cio ve phan chi phf. Quy vi co quyen nh□n thong tin nay va dU'Q'c giup do b□ng ngon ngCi' cua quy vi mi§n phf. Hay gQi 1-800-318-2596 va ciQ'i den khi m& c&a. Khi ngll'O'i ci9i di□n tra I6'i, hay noi v&i hQ ngon ngCi' ma quy vj cans& dt,1ng va quy vise dU'Q'c ket noi v&i *mqt* thong dich vien.

Health Insurance Marketplace®is a registered service mark of the U.S. Department of Health and Human Services.