

Health Insurance Marketplace

DEPARTMENT OF HEALTH AND HUMAN SERVICES
MARKETPLACE APPEALS CENTER
P.O. BOX 311
PITTSBURGH, PENNSYLVANIA 15201

Notice Number 3370174

[Consumer's Name]
[Consumer's Address]
[Consumer's Address]

Appellant(s): [Consumer's Name]

Case ID: [Federal Appeal Number]

State Case ID: [State Appeal Number]

CC: Your Health Idaho

MARKETPLACE ELIGIBILITY APPEAL FINAL DECISION

Dear [Consumer]:

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 January 13, 2026, the appellant, [Consumer], submitted a request for an appeal with the State Exchange, Your Health Idaho, and requested enrollment in a qualified health plan (QHP), effective January 1, 2026.

On February 5, 2026, the Your Health Idaho (YHI) Governance Committee Members issued an Informal Resolution notice stating that the appellant did not qualify for a special enrollment period. The notice instructed the appellant to request a hearing within 10 days if they were dissatisfied with the decision.

On February 17, 2026, the YHI Governance Committee Members dismissed the January 13, 2026, appeal because the appellant did not request a hearing within ten days of the Informal Resolution notice.

On March 10, 2026, the Authorized Representative requested that the YHI Governance Committee Members reopen the appeal and stated that [Consumer] was not enrolled in a 2026 Marketplace plan in error.

On March 10, 2026, the YHI Governance Committee Members denied the appellant's request to vacate the dismissal and stated that they were unable to find an enrollment error made by YHI.

On April 7, 2026, the Federal Marketplace Appeals Center received the appellant's second-tier appeal. The appellant is appealing for enrollment in a QHP through Your Health Idaho, effective January 1, 2026.

On June 8, 2026, a Federal Hearing Officer with the Federal Marketplace Appeals Center held a hearing. [Consumer] was present for the hearing. [Consumer's Agent of Record] was present as the Authorized Representative for [Consumer]. [YHI Employee], a Representative from Your Health Idaho, was also 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](https://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. 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 appellant is [Consumer].
2. The record reflects that on October 10, 2025, the appellant's spouse, [Spouse's Name], and their children, [Children's Names], were automatically enrolled in a QHP through the State Exchange, Your Health Idaho, effective January 1, 2026.
3. The record reflects that on December 15, 2025, during the 2026 open enrollment period, the appellant's agent and Authorized Representative updated the application and attested to an annual household income of \$93,600.00 and a household size of four. Additionally, the appellant was listed as a household member seeking coverage through YHI.
4. The record reflects that on December 15, 2025, YHI sent a notice to the appellants stating that the appellant was granted a special enrollment period, which would expire on the same day, December 15, 2025.

5. The record reflects that on December 16, 2025, YHI issued an eligibility determination notice stating that the appellant was eligible to enroll in a QHP, with advanced payment of premium tax credits (APTC), in the amount of \$853.61 per month.
6. The record reflects that on January 7, 2026, the Authorized Representative for the appellant submitted an escalation ticket with the YHI Customer Service Department and submitted citizenship documentation for the appellant.
7. The record reflects that on January 8, 2026, YHI sent a notice to the appellant stating that the citizenship inconsistency was resolved and that the appellant was eligible to enroll in a QHP, with financial assistance.
8. The record reflects that on January 9, 2026, the Authorized Representative called YHI and stated that the appellant is a United States citizen but was denied coverage. The Authorized Representative was informed by YHI that the appellant lost coverage in 2025, due to an unresolved citizenship data matching issue and YHI instructed the Authorized Representative to file an appeal.
9. The record reflects that on January 13, 2026, the appellant submitted an appeal with YHI and stated that her spouse and children were enrolled in coverage for the 2026 plan year; however, due to an error, the appellant was not enrolled. The appellant requested a special enrollment period to enroll in coverage through YHI.
10. The record reflects that on January 20, 2026, the Authorized Representative called YHI and requested to enroll the appellant in a 2026 plan and YHI informed the appellant that no action could be taken until the appeal was resolved.
11. The record reflects that on February 5, 2026, the YHI Governance Committee Members issued an Informal Resolution notice stating that the appellant was not eligible for a special enrollment period because the appellant did not experience a qualifying life event or prove that there was a technical error made by YHI. The notice stated that if the appellant was dissatisfied with the decision, they must notify YHI within ten days to request a hearing.
12. The record reflects that on February 17, 2026, the YHI Governance Committee Members dismissed the January 13, 2026, appeal because the appellant did not request a hearing within ten days of receipt of the Informal Resolution.
13. The record reflects that on March 10, 2026, the Authorized Representative requested that the YHI Governance Committee Members reopen the appeal due to an enrollment error. Additionally, the Authorized Representative stated that the appellant submitted the citizenship certificate to YHI.
14. The record reflects that on March 10, 2026, the YHI Governance Committee Members reopened the appeal and denied the appellant's request for a special enrollment period and stated that they were unable to find an enrollment error made by YHI.
15. On April 7, 2026, the appellant submitted a second-tier appeal with the Federal Marketplace Appeals Center and requested to vacate the dismissal of the appellant's appeal with YHI. Additionally, the appellant requested a special enrollment period to enroll in a 2026 YHI plan.

16. During the Federally Facilitated Marketplace Appeals Center hearing (“federal hearing”), on June 8, 2026, the Authorized Representative provided an opening statement and requested a special enrollment period to enroll [Consumer] in a YHI plan, effective January 1, 2026.
17. During the federal hearing, the Authorized Representative testified that on December 15, 2025, he updated the appellant’s application and requested to enroll all household members, including the appellant, in coverage through YHI. The Authorized Representative testified that while updating the application online, there was a green check box marked indicating that the appellant’s information was verified, and YHI did not request any additional documentation from the appellant. Badt
18. During the federal hearing, the Authorized Representative testified that at the time of the December 15, 2025, application, he believed that the appellant and her family were enrolled in coverage; however, in January of 2026, the appellant learned that she was not enrolled in the family plan.
19. During the federal hearing, the Authorized Representative testified that he spoke with several YHI representatives, who stated that the appellant should have been enrolled with the rest of the household, effective January 1, 2026.
20. During the federal hearing, a representative of YHI, [YHI Employee], testified that on December 15, 2025, the appellant applied for coverage through YHI and on December 16, 2025, YHI issued an eligibility determination notice instructing the appellant to enroll in a plan.
21. During the federal hearing, [YHI Employee] explained that on December 15, 2025, the appellant was granted a special enrollment period, which expired on the same day. Additionally, [YHI Employee] testified that the appellant did not enroll in coverage during the special enrollment period.
22. During the federal hearing, [YHI Employee] further testified that on January 8, 2026, YHI sent a notice to the appellant stating that the appellant was eligible to enroll in a QHP with APTC, and that the citizenship inconsistency was resolved.
23. During the federal hearing, [YHI Employee] testified that on January 13, 2026, the appellant filed an appeal with YHI and requested a special enrollment period to enroll the appellant in a YHI plan.
24. During the federal hearing, [YHI Employee] testified that on February 5, 2026, the YHI Governance Committee Members issued an Informal Resolution Notice instructing the appellant to notify YHI within ten days of receipt to request a hearing.
25. During the federal hearing, [YHI Employee] testified that the YHI Governance Committee Members dismissed the appeal because the appellant did not request a hearing within ten days of receiving the Informal Resolution notice.
26. During the federal hearing, both the appellant and Authorized Representative testified that they did not receive the February 5, 2026, Informal Resolution notice instructing the appellant to request a hearing within ten days of receipt.
27. At the close of the hearing, the Authorized Representative testified that the appellant is seeking a special enrollment period to enroll in coverage through YHI.

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.

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 lack 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.

The appellant is seeking a special enrollment period to enroll in a plan through YHI, effective January 1, 2026. An appeal of a determination of eligibility for an enrollment period is a matter that the State Exchange appeals entity and the Marketplace Appeals Center have authority over.

Generally, in order to be eligible for a special enrollment period through the Marketplace, an individual who is eligible to buy a Marketplace plan must have experienced a qualifying life event. See 45 CFR § 155.420(d). This includes if the individual, or someone in their household:

- lost health coverage;
- got married;
- had a child or gained a dependent through adoption, a child support order, or a court order;
- became a dependent through placement for adoption or placement in foster care;
- gained a lawful presence status resulting in new eligibility for enrollment in Marketplace coverage;
- was released from incarceration resulting in new eligibility for enrollment in Marketplace coverage;
- experienced an error or received incorrect information from a Marketplace representative or agent, or an entity helping with the Marketplace enrollment, that prevented enrollment in a Marketplace plan or caused enrollment in the wrong Marketplace plan;

- was determined newly eligible or not eligible for advance payments of the premium tax credit (APTC) while enrolled in a Marketplace plan;
- moved to a different state and was determined newly eligible for APTC after prior ineligibility for APTC based on household income below 100 percent of the federal poverty level (FPL) and residence in a non-Medicaid expansion state;
- had a change in household income that resulted in new eligibility for APTC after prior ineligibility for APTC based on household income below 100 percent of the FPL and residence in a non-Medicaid expansion state;
- was determined newly eligible for APTC because their employer-sponsored coverage no longer meets the affordability or minimum value standard;
- was determined newly eligible for APTC due to a decrease in income, and was enrolled in a non-Marketplace plan;
- experienced a change in eligibility for cost-sharing reductions (CSRs) while enrolled in a Marketplace plan;
- moved;
- is a member of a federally recognized Indian tribe, an Alaska Native or an Alaska Native Claims Settlement Act (ANCSA) stakeholder;
- experienced other exceptional circumstances as determined by the Marketplace (including the loss of Medicaid or Children's Health Insurance Program (CHIP) coverage during the "Unwinding" period);
- experienced domestic violence or spousal abandonment;
- was denied eligibility for Medicaid or CHIP;
- experienced a material error related to plan benefits, service area, premium amount or CSRs that influenced their decision to enroll in Marketplace coverage;
- resolved citizenship, status as a national, or lawful presence immigration inconsistency after termination;
- newly gained access to an individual coverage Health Reimbursement Arrangement (HRA) or was newly provided a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA);
- lost employer contributions or government subsidies to assist in payment for COBRA coverage; or
- is eligible for APTC and has an annual household income that is no greater than 150 percent of the FPL during a period of time in which their expected premium contribution for the second-lowest cost Silver plan (or "benchmark" plan) would be zero dollars \$0.00.

Additionally, the individual must report the event to the Marketplace within 60 days after the date the event occurred or within 60 days after the date the individual knew or reasonably should have known of the occurrence of the qualifying life event. Individuals who lost health coverage may report the event to the Marketplace up to 60 days before or after their last day of coverage. See 45 CFR § 155.420(c) and (d).

On October 10, 2025, the appellant's spouse and their children were automatically enrolled in a QHP through the State Exchange, YHI, effective January 1, 2026. On December 15, 2025, the appellant updated the Marketplace application and attested to being a household member seeking coverage. Additionally, on December 15, 2025, YHI sent a notice to the appellants stating that the appellant was granted a special enrollment period which expired on December 15, 2025.

The Authorized Representative testified that on December 15, 2025, he updated the appellant's application and requested to enroll all household members, including the appellant, in coverage through YHI. The Authorized Representative testified that while updating the application online, there was a green check box marked indicating that the appellant's information was verified, and YHI did not request any additional documentation from the appellant. The Authorized Representative testified that at the time of the December 15, 2025, application, he believed that the appellant and her family were enrolled in coverage; however, in January of 2026, the appellant learned that she was not enrolled in the family plan. Additionally, the Authorized

Representative testified that he spoke with several YHI representatives, who stated that the appellant should have been enrolled with the rest of the household, effective January 1, 2026.

Based on the evidence in the record, the evidence supports that [Consumer] experienced an error or received incorrect information from a Marketplace representative or agent, or an entity helping with the Marketplace enrollment, that prevented enrollment in a Marketplace plan or caused enrollment in the wrong Marketplace plan on December 15, 2026.

On December 15, 2025, the appellant was granted a special enrollment period, and the Authorized Representative attempted to enroll the appellant in a plan. The Authorized Representative testified that while updating the application online, there was a green check box marked indicating that the appellant's information was verified, and YHI did not request any additional documentation from the appellant. The Authorized Representative testified that at the time of the December 15, 2025, application, he believed that the appellant and her family were enrolled in coverage; however, in January of 2026, the appellant learned that she was not enrolled in the family plan.

The appellant filed an appeal with YHI on January 13, 2026, which is within the required timeframe. Based upon these facts, the appellant is eligible for a special enrollment period, effective January 1, 2026. See 45 CFR 155.420(c) and (d)(4).

Upon consideration of the entire record in this case, the determination made by Your Health Idaho, for the appellant during the 2026 benefit year was determined incorrectly.

Order

Based upon review of the relevant facts and law, the December 16, 2025 eligibility determination by Your Health Idaho is INCORRECT. Additionally, the February 17, 2026 Your Health Idaho (YHI) Governance Committee Members appeal dismissal is OVERTURNED.

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

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 **August 26, 2026. After August 26, 2026, this decision is final and binding.**

SO ORDERED,

K.M. Ireland
Federal Hearing Officer

August 12, 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. TTY users can call 711. 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 711. 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/. 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/.

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.

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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 ubezpieczen\ 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 polctczony z tłumaczem.

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 grava::ao de abertura. Quando o agente responder, diga o idioma que voce precisa e voce sera conectado(a) a um interprete.

PyckKHiii (Russian) B 3TOM yBeAOM/leHI-11-1 COAep>KHTCR Ba>KHaR HHq>OpMa41-1R. B 3TOM yBe,LJ,OM/leHI-11-1 cop,ep>K1-1TCRBa>KHaR 1-1H<j>opMau,1-1Ro Baweiii 3aRBKe 1-1n1-1 cpaxoBoM nOKpblm1-1 Ha nopane PbrHKa Mep,1-1u,1-1HcKoro cpaxoBaH1-1R Marketplace (Health Insurance Marketplace®). 3TO yBe,LJ,OM/leH1-1e cop,ep>K1-1T K/I\4eBble p,aTbl. B03MO>KHO, BaM norpe6yeTCR np1-1HRTb Mepbi K onnep,e11eHHblM cpoKaM, 'IT06bl coxpaH1-1Tb CB0IO Mep,1-1LJ,I-1HCKYIO CTpaX0BKY 1-1/11-1 noM0'-lb B noKpblT1-11-1 pacxop,os. y sac eCTb npa nony41-1Tb 3TY 1-1H<j>opMau,1-1\ 1-1 noM0ll.lb Ha BaweM R3blKe 6ecHaTHO. no3BOH1-1Te no rene<j>oHy 1-800-318-2596 1-1 nepe>1<p,1-1re cpy1-1Tb1-1Tb1-1Te11bHOe C006ll.leH1-1e. Kopp,a areHT OTBeT1-1T, yKa>1<1-1Te HY>KHblil BaM R3blK, 1-1 sac coep,1-1HRT C nepeBO,IJ,41-1KOM.

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 podrf a 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) Thông baa nay co Thông tin Quan tr9ng. Thông bao nay co thông tin quan tr9ng ve clan clang ky ho\c bao hiem cua quy vi thông qua Thi trU'O'ng Bao hiem SCrc kh6e (Health Insurance Marketplace®). n\m xem cac ngay quan trong trong thông bao nay. Quy vj c6 th\ can phai hanh ciqng theo mqt so thai h\ nhat cijnh ci\ duy trl bao hi\m suc khoe cua mlnh ho\c ciU'Q'C giup cio ve phan chi phf. Quy vi co quyen nh\ n thông tin nay va dU'Q'C giup do b\ng ngon ngu' cua quy vi mi\sn phf. Hay gQi 1-800-318-2596 va ciQ'i den khi m& cU'a. Khi ngu'O'i ci\ di\ n tra loi, hay noi v&i hQ ngon nguL' ma quy vj can sU' dt,rng va quy vise dU'Q'c ket noi v&i m\;t thông dich vien.

