



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

NOTICE OF DISMISSAL – INVALID APPEAL REQUEST

Notice Date: August 11, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000003073

[REDACTED]

Dear [REDACTED],

On December 21, 2014, the Marketplace issued a notice of eligibility redetermination that your two minor children are conditionally eligible to enroll in Child Health Plus (CHP), effective January 1, 2015. The notice also informed you that you needed to provide proof of income, rental agreement, and Social Security Numbers for your two children by March 20, 2015.

On May 3, 2015, the Marketplace issued a notice of eligibility redetermination that your two minor children no longer qualified for any financial assistance, such as CHP, or to enroll in a qualified health plan through New York State of Health because you did not provide their respective Social Security numbers in the timeframe provided. The notice stated that your children's CHP coverage will end May 31, 2015.

On May 12, 2015, you uploaded copies of your rental lease agreement and contract extension, your 2014 Form 1040, your and your spouse's Social security cards, and a copy of your L-1 Visa.

You also provided a signed letter, dated May 13, 2015, in which you appealed the disenrollment of your children from their CHP plan.

On May 15, 2015, the Marketplace issued a letter stating that additional information regarding your two minor children was still needed, including proof of Social Security numbers and proof of home or apartment rental.

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-622-4886).

On May 16, 2015 and again on May 30, 2015, the Marketplace issued notices of eligibility redetermination that your two minor children were conditionally eligible to enroll through CHP with a \$9.00 per month premium for each, effective June 1, 2015. The notice further stated that additional information regarding proof rental lease agreement, income, and Social security numbers for both children was needed before August 13, 2015.

On May 30, 2015, the Marketplace issued an enrollment notice that your two minor children were enrolled in Healthfirst PHSP, Inc., a CHP plan, and the monthly premium responsibility totaled \$18.00. The notice further stated that health insurance coverage will begin after you have paid the first month's premium and could start as early as July 1, 2015.

On July 28, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeals Unit. Through sworn testimony, you identified yourself and indicated that you are satisfied with your children being re-enrolled in their CHP plan as of July 1, 2015. The following evidence was adduced at the hearing:

- 1) According to your Marketplace account, you are an L-1 Visa holder, and your spouse and two minor children live in Brooklyn, New York with you as L-2 non-immigrant, dependent Visa holders.
- 2) You testified that you expect to remain in the United States with your family for about another two years.
- 3) The record demonstrated that you had provided proof of income by submitting to the Marketplace your 2014 Form 1040 on May 12, 2015. You testified at the hearing that your two minor children do not work and do not have other sources of income.
- 4) The record demonstrated that, on May 12, 2015, you provided a copy of your rental lease agreement and contract extension for the apartment your family rents in Brooklyn, New York.
- 5) You testified that you went to the Social Security Administration office and were told that your two minor children do not qualify for Social Security numbers and your application for Social Security numbers was denied. You did not obtain this information in writing.
- 6) You testified that you are concerned that your two minor children will be disenrolled from their CHP plan by the Marketplace because you cannot provide Social Security numbers for them.

Why Your Appeal Request Is Not Valid

An applicant has the right to appeal: (1) an eligibility determination, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (2) a redetermination of eligibility, including the amount of advance payments of the premium tax credit and level of cost-sharing reductions, (3) an eligibility determination for an exemption, (4) a failure by the Exchange to provide timely notice of an eligibility determination and (5) a denial of a request to vacate dismissal made by the NY State of Health Appeals Unit (45 CFR § 155.505).

Your appeal was requested to dispute your children being disenrolled from their CHP plan and now that they have been re-enrolled and you are satisfied with their re-enrollment, the issue is moot. However, at the hearing you raised a concern that you were not permitted to obtain Social Security numbers for your two children from the Social Security Administration and the Marketplace has made this a condition of their eligibility for CHP. Since the issue raised at the hearing is not one that the NY State of Health Appeals Unit is authorized to address, we must dismiss your appeal request.

However, Marketplace Customer Service may be able to help you with the problems you have encountered. If you have not already been assisted with your current coverage difficulties for 2015 and/or need assistance with an application for 2015 coverage, please contact Customer Service using any of the information in “How to Contact the Marketplace,” below.

How does this Dismissal Affect Your Eligibility

This decision does not change your children's eligibility for or enrollment in CHP with Healthfirst PCPH, Inc., or the monthly premium amount that you pay for their CHP plan.

Please note that health insurance through CHP is available to all uninsured children in New York State regardless of their immigration status provided the children are New York State residents. The Marketplace makes the determination on a case by case basis (N.Y.S. Dept. of Health, Child Health Plus Plan Manual (March 2008)).

Please also note that not all non-immigrants who are lawfully residing in the U.S. and who would be eligible for CHP through New York State of Health are eligible for a Social Security Number (SSN). The Social Security Administration (SSA) will not provide an SSN to anyone who does not have work authorization or who does not have a valid nonwork reason (SSA – Programs Operations Manual Systems (POMS): RM 10211.001 (6-10) and RM 10211.600 (3-10)).

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Nevertheless, CHP eligible non-immigrants, or their parents or guardians, must go to SSA to apply for an SSN when they apply for CHP. [REDACTED]

[REDACTED]
the application for an SSN is denied by SSA (which it is likely to be for non-immigrants who do not have work authorization) the individual, parent or guardian must bring back proof of the denial to the Marketplace.

If You Think Your Appeal Should Not Be Dismissed

Under some circumstances, you can ask us to vacate (cancel) this dismissal. You must ask us in writing within 30 days after the date on this notice. In that writing you also must state a good reason for us to do this.

If you ask us in writing to vacate this dismissal, the Marketplace's Appeals Unit will review your request and send you a decision on that request.

If we deny your request to vacate this dismissal, we will tell you that in writing.

If you do not respond to this notice within 30 days, your appeal will remain dismissed. No further action will be taken on it by the Marketplace.

Appeal Identification Number

When communicating with the Marketplace about this appeal, please reference Appeal Identification Number at the top of this notice.

How to Contact the Marketplace

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY – English: 1-800-662-1220) (TTY – Spanish: 1-877-622-4886).

Legal Authority

We are sending you this notice in accordance with Federal regulation 45 CFR § 155.530.

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A Copy of this Decision Has Been Provided To:

