



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

DATE: September 30, 2016

NY State of Health Account ID: [REDACTED]
Appeal Identification Number: AP000000006257

[REDACTED]

Dear [REDACTED],

The Appeals Unit of NY State of Health is in receipt of your June 20, 2016 request to vacate the dismissal of your appeal, and is willing to consider your request. Our records indicate that your appeal addressed your objection to the January 15, 2016 notice that advised you further documentation regarding your income was necessary before NY State of Health could make a determination regarding your eligibility for financial assistance.

Please be advised that it would not be necessary for you to discuss your medical condition at the time of any hearing. The issue under review appears to be solely your eligibility for financial assistance and insurance coverage for the period from January 1, 2016 to July 31, 2016, which would involve such topics as your household income, marital status, and tax filing status; details regarding your medical condition are irrelevant and will not be sought by the Appeals Unit.

If you still feel that you cannot participate in a telephone hearing and require special accommodation for your disability, you will need to submit medical documentation to show your need for an accommodation, and the nature of any requested accommodation.

In the meantime, we suggest that you submit the necessary income documentation to speed the process. Since the relevant application was submitted on January 14, 2016, and your prior year of coverage was to have ended on January 31, 2016, if you wish to be considered for eligibility for Medicaid you should submit documentation of all income received during the calendar months of January 2016 or February 2016, to avoid a gap in coverage. If you submit sufficient documentation, it may be possible to avoid a hearing on

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the issue of Medicaid coverage for the period from January 1, 2016 to July 31, 2016.

Please also be advised, however, that a tax filer who is married must generally file a joint return with his spouse in order to qualify for advance payments of the premium tax credit (45 Code of Federal Regulations (CFR) §§ 155.305(f), 155.310(d); 26 CFR § 1.36B-2).

An individual may be treated as “not married” at the close of the taxable year if the individual is legally separated from his spouse under a decree of divorce or of separate maintenance, or qualifies as a head of household with a qualifying child (26 USC § 7703).

Please submit the necessary income documentation and medical evidence within 30 days of the date of this letter, addressed attention to the Appeals Unit and clearly labeled with your account information, and your request to vacate the dismissal of your appeal will be addressed.

Appeal Identification Number

When communicating with NYSOH about this appeal, please always reference the NY State of Health Account ID and the Appeal Identification Number at the top of this notice.

If You Have Questions (Customer Service Resources):

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 Unit
P.O. Box 11729
Albany, NY 12211
- By fax: 1-855-900-5557