CNS Paragraph Form

Date: 10.14.2014

Program Area	**03**	**(01=PA, 02=FS, 03=MA, 04=HP)**
Paragraph Number	**U0205**	
Version Number	**00003**	
Effective Date	**2014**	
Title	**Suspend MA Coverage 21-64 Year Old Admitted to a Psychiatric Center (Upstate)**	
Comment		
Reason Code	**C54**	

We will suspend Medicaid coverage effective _____ for:

Name Client I.D. #

Because you have been admitted to a psychiatric center and are between 21 and 64 years of age, Medicaid will only pay for acute inpatient hospital care provided off the grounds of the psychiatric center. All other Medicaid coverage will be suspended while you are residing in a psychiatric center. Your Medicaid case is NOT being closed.

If you are now enrolled in a Medicaid Managed Care, you will no longer be enrolled in your health plan.

If Medicaid is paying health insurance premiums, including Medicare, for you, payment of these premiums will be discontinued.

Your Medicaid benefits will be reinstated when you are discharged.

This decision is based on Sections 366(1)(c) & (d) of the Social Services Law.

~S

Suspenderemos cobertura de Medicaid a partir del _____ para:

Nombre No. de I.D del Cliente

Dado que usted ha sido ingresado a un centro siquiatrico y esta entre las edades de 21 a 64 anos, Medicaid solamente pagara por cuidados criticos de paciente interno suministrados fuera de las instalaciones del centro siquiatrico. Toda otra cobertura de Medicaid se suspendera mientras usted permanezca internado en un centro siquiatrico. No estamos cerrando su caso de Medicaid.

Si actualmente usted esta inscrito en un plan de cuidados dirigidos de Medicaid, ya no estara inscrito en su plan de salud.

Si Medicaid esta haciendo los pagos de sus primas de seguro medico, inclusive las de Medicare, el pago de dichas primas se suspendera.

Sus beneficios de Medicaid se reanudaran cuando usted sea dado de alta.

Conforme Reglamentacion las Secciones 366(1)(c) y (d) de la Ley de Servicios Sociales.