

CNS Paragraph Form

Date: 04.03.08

Program Area **03** **(01=PA, 02=FS, 03=MA, 04=HP)**
Paragraph Number **C0283**
Version Number **00002**
Effective Date **2008**
Title **Disc MA Payment of Health Insurance Premiums of**
 Inmate of NYS or Local Correctional Facility
Comment
Reason Code **C58**

The Medical Assistance program will discontinue paying for your health insurance premiums effective _____ for:

Name Client I.D. #

This is because we have determined that it is not cost effective.

This decision is based on Regulation 18 NYCRR 360-7.5 and Section 367-a of the Social Services Law.

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El programa de Asistencia Medica ya no pagara sus primas de su seguro medico, a partir de _____ para:

Nombre # de ID del cliente:

Esto se debe a que hemos determinado que no es economico.

Esta decision se basa en Reglamentacion 18 NYCRR 360-7.5 y la Seccion 367-a de la Ley de Servicios Sociales.