

CNS Paragraph Form

Date: 01.22.08

Program Area **03** (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number **C0289**
Version Number **00001**
Effective Date **2008** (YYMMDD)
Title **Disc Medicare Savings Program of Inmate of NYS
or Local Correctional Facility**
Comment
Reason Code

We will discontinue Medical Assistance payment of the Medicare Part B premium effective _____ for:

Name Client I.D. #

This is because it is not cost effective.

This decision is based on Section 367-a(3)(d)(1) of the Social Services Law.

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Suspenderemos los pagos de prima de Asistencia Medica de Medicare Parte B a partir del _____ para:

Nombre # de ID del cliente

Esto se debe a que no es economico.

Esta decision se basa en la Seccion 367-a(3)(d)(1) de la Ley de Servicios Sociales.