

CNS Paragraph Form

Date: 03.21.11

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	C0305	
Version Number	00001	
Effective Date	2011	
Title	Disc MA Payment of Health Insurance Premiums for a 21-64 Year Old Individual Admitted to a Psychiatric Center (Upstate)	
Comment		
Reason Code	C90	

The Medicaid 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 Medicaid 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.