

CNS Paragraph Form

Date: 12.15.2014

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|-------------------------|----------------------------------------------------|-------------------------------------|
| Program Area | 03 | (01=PA, 02=FS, 03=MA, 04=HP) |
| Paragraph Number | U0183 | |
| Version Number | 00003 | |
| Effective Date | 2014 | (YYMMDD) |
| Title | Continue MA/FPBP Unchanged Pending Decision | |
| Comment | | |
| Reason Code | CC2 | |

We received your renewal for Medicaid/Family Planning Benefit Program coverage. While we review the renewal information, we will continue Medicaid/Family Planning Benefit Program coverage unchanged for:

| | |
|------|-------------|
| Name | Client ID # |
| Name | # |
| Name | # |

No action is being taken on your case at this time. Once we make a decision on your renewal, you will receive a notice in the mail.

We may write to you asking for information if we need it to determine your continuing eligibility for Medicaid/Family Planning Benefit Program coverage. If you do not respond when we write, your Medicaid/Family Planning Benefit Program case may be closed at that time.

~S\

Hemos recibido su renovacion de cobertura de Medicaid/Programa de Planificacion Familiar. Mientras realizamos la revision de datos de renovacion, su cobertura de Medicaid/Programa de Planificacion Familiar continuara sin cambios para:

| | |
|--------|-----------------------|
| Nombre | No. de ID del cliente |
| Nombre | # |
| Nombre | # |

Por el momento no se tomara accion alguna sobre su caso. Una vez hagamos una decision sobre la renovacion, recibira una notificacion por correo.

Es posible que solicitemos datos de usted con motivo de hacer una decision en cuanto a la continuacion de habilitacion para recibir Medicaid/Programa de Planificacion Familiar. Si no nos responde con la informacion solicitada, nos veremos forzados a cerrar su caso de Medicaid/Programa de Planificacion Familiar.