

**CNS Paragraph Form**

Date: 11.25.2014

<b>Program Area</b>	<b>03</b>	(01=PA, 02=FS, 03=MA, 04=HP)
<b>Paragraph Number</b>	<b>C0027</b>	
<b>Version Number</b>	<b>00005</b>	
<b>Effective Date</b>	<b>2015</b>	
<b>Title</b>	<b>Disc MA/FPBP Deceased</b>	
<b>Comment</b>	NYC-(Line Level), Upstate-(Case and Line Level) For manually processed cases, the effective date is the recipient's date of death; notice will read as a retroactive discontinuance. For the systemic Death Match process, the effective date is always "T" + 10 days.	
<b>Reason Code</b>	<b>E95</b>	

We will discontinue Medicaid/Family Planning Benefit Program effective \_\_\_\_\_ for:

Name	Client I.D. #
Name	#
Name	#

This is because records indicate that this person is deceased.

If you are now enrolled in a Medicaid Managed Care plan, 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.

If Medicaid is paying health insurance premiums for other members of your household, these premium payments may continue if it is determined to be cost effective.

This decision is based on Sections 366-a(5)(a) and 366(1)(b)(6) of the Social Services Law.

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Suspenderemos los beneficios de Medicaid/Programa de Planificacion Familiar a partir de \_\_\_\_\_, para:

Nombre	# de ID del cliente:
Nombre	#
Nombre	#

Esto es porque nuestros archivos indican que esta persona fallecio.

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

Si Medicaid le esta pagando las primas de seguro medico, inclusive las de Medicare, el pago de dichas primas se suspendera.

Si Medicaid esta pagando por las primas de seguro medico de los otros miembros de su hogar, los pagos de estas primas continuaran si se determina que es economico.

Conforme las Secciones 366-a(5)(a) y 366(1)(b)(6) de la Ley de Servicios Sociales.