

CNS Paragraph Form

Date: 09.27.12

Program Area 03 (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number C0034
Version Number 00002
Effective Date 2013 (YYMMDD)
Title Disc TMA Fraud (Statewide)
Comment
Reason Code H31

We will discontinue Transitional Medical Assistance benefits effective _____ for:

Name Client I.D. #
Name #
Name #

This is because you were convicted of Public Assistance fraud by a court of law.

If Medicaid is paying health insurance premiums, including Medicare, for you, payment of these premiums will be discontinued.

This decision is based on Regulation 18 NYCRR 360-3.3(c).

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Nosotros discontinuaremos los beneficios de la Asistencia Medica Transitoria a partir de/del _____ para:

Nombre No. del I.D. del Cliente
Nombre #
Nombre #

Esto se debe a que usted fue encontrado culpable de fraude de Asistencia Publica por una corte.

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

Esta decision esta basada en las Regulacion 18 NYCRR 360-3.3(c).

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