

CNS Paragraph Form

Date: 05.18.11

Program Area **03** **(01=PA, 02=FS, 03=MA, 04=HP)**
Paragraph Number **N0016**
Version Number **00004**
Effective Date **2011** **(YYMMDD)**
Title **MA-Only Managed Care Closing Insert**
Comment
Reason Code

If you are enrolled in Medicaid Managed Care/Family Health Plus, and your discontinuance is any day other than the first of the month, you can use your health plan card to get health plan services until the end of the month in which your coverage is discontinued.

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Si usted esta afiliado al Programa de Cuidados Administrados de Medicaid/Family Health Plus, y la fecha de suspension no es el primero del mes, usted puede usar la tarjeta de su plan de salud para obtener servicios de salud comprendidos en el plan hasta el fin del mes en el que se suspende su cobertura.