

CNS Paragraph Form

Date: 11.25.2014

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	C0140	
Version Number	00004	
Effective Date	2015	(YYMMDD)
Title	Concurrent Benefits, Intra-state No Aid Continuing	
Comment		
Reason Code	U77(Upstate)/ M98 (NYC)	

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

Name	Client I.D. #
Name	#
Name	#

This is because we believe you are already receiving Medicaid/Family Planning Benefit Program.

Your identity matches that of a person who is already receiving Medicaid/Family Planning Benefit Program in (LOCATION). Because the identities match, we have determined that you and that person are the same person.

When the identity of an applicant or recipient matches that of a person who is already receiving Medicaid/Family Planning Benefit Program, that person is not eligible for additional Medicaid/Family Planning Benefit Program.

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 351.9 and Sections 365(1)(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	No. del I.D. del Cliente
Nombre	#
Nombre	#

Esto se debe a que nosotros creemos que usted ya esta recibiendo Medicaid/Programa de Planificacion Familiar.

Su identidad empareja con la de una persona que ya esta recibiendo Medicaid/Programa de Planificacion Familiar en (LOCATION). Debido a que las identidades emparejan, nosotros hemos determinado que usted y esa persona son la misma persona.

Cuando la identidad de un solicitante o beneficiario empareja con la de una persona que ya esta recibiendo Medicaid/Programa de Planificacion Familiar, esa persona no es elegible para Medicaid/Programa de Planificacion Familiar.

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

Esta decision se basa en el Reglamento 18 NYCRR 351.9 y las Seccions 365(1)(a) y 366(1)(b)(6) de la Ley de Servicios Sociales.