

CNS Paragraph Form

Date: 11.25.2014

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	C0050	
Version Number	00005	
Effective Date	2015	(YYMMDD)
Title	Incorrect or Fraudulent Social Security Number	
Comment		
Reason Code	V17	

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

Name	Client I.D. #
Name	#
Name	#

This is because each person receiving Medicaid/Family Planning Benefit Program must give the agency their correct Social Security number. We determined that you did not give us the correct Social Security number(s) for (name(s)).

We sent you a letter asking you for proof of the correct Social Security number(s). You did not give us proof or tell us you could not get it.

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

This decision is based on Sections 366(1)(b)(6), 366-a(2) and (5) of the Social Services Law.

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Nosotros discontinuaremos Medicaid/Programa de Planificacion Familiar a partir de/del _____ para:

Nombre
Nombre
Nombre

Esto se debe a que cada persona que esta recibiendo Medicaid/Programa de Planificacion Familiar deberia haber proporcionado a la agencia su Numero de Seguro Social correcto. Hemos determinado que usted no nos proporciono el (los) numero(s) correcto del Seguro Social para (Nombres).

Le enviamos una carta pidiendole una prueba del numero correcto del Seguro Social. Usted no nos la proporciono ni nos dijo que no pudo obtenerla.

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 Seccions 366(1)(b)(6), 366-a(2) y (5) de la ley de Servicios Sociales.