

CNS Paragraph Form

Date: 11.24.2014

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	C0265	
Version Number	00005	
Effective Date	2015	(YYMMDD)
Title	Disc MA Fail to Provide Amount of Income and/or Resources at Renewal	
Comment		
Reason Code	X23	

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

Name	Client I.D. #
Name	#
Name	#

This is because you did not tell us the amount of your income and/or resources. We must have this information before we can decide if you continue to be eligible for Medicaid/Family Planning Benefit Program. You failed to tell us the amount of your **(worker fill)**.

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 Social Services Law.

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Suspenderemos la cobertura de Medicaid/Programa de Planificacion Familiar a partir de _____ para:

Nombre	Numero de ID del cliente
Nombre	#
Nombre	#

El motivo es porque usted no nos informo la cantidad de sus ingresos y/o recursos. Debemos recibir esta informacion antes de decidir si usted puede continuar recibiendo Medicaid/Programa de Planificacion Familiar. Usted no nos informo la cantidad de su **(worker fill)**.

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 las Secciones 366(1)(b)(6), 366-a(2) y (5) de la Ley de Servicios Sociales.