

**CNS Paragraph Form**

Date: 09.08.06

**Program Area**            03            (01=PA, 02=FS, 03=MA, 04=HP)  
**Paragraph Number**    C0264  
**Version Number**        00001  
**Effective Date**         2006  
**Title**                      Disc MA Payment of Health Insurance Premiums  
**Comment**  
**Reason Code**

The Medical Assistance program will discontinue paying for your health insurance premiums effective \_\_\_\_\_ for :

Name	Client I.D. #
Name	#
Name	#

Message 1 (Not cost effective)

This is because we have determined that it is no longer cost effective to pay for your health insurance premiums.

Message 2 (No longer insured)

This is because your participation in this insurance has been discontinued.

Use for all

This decision is based on Regulations 18 NYCRR 360-7.5 and Section 367-a of the Social Services Law.

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El programa de Asistencia Medica ya no pagara sus primas de su seguro medico, a partir de \_\_\_\_\_ para:

Nombre	# de ID del cliente:
Nombre	#
Nombre	#

Message 1 (Not cost effective)

Esto se debe a que hemos determinado que no nos es economico pagar por sus primas de seguro medico.

Message 2 (No longer insured)

Esto se debe a que se ha cancelado su membresia en este seguro.

Use for all

Esta decision se basa en Reglamentacion 18 NYCRR 360-7.5 y la Seccion 367-a de la Ley de Servicios Sociales.