

**CNS Paragraph Form**

Date: 09.13.06

**Program Area**            03            (01=PA, 02=FS, 03=MA, 04=HP)  
**Paragraph Number**    D0159  
**Version Number**        00001  
**Effective Date**         2006  
**Title**                     Deny MA Payment of Health Insurance Premiums  
**Comment**  
**Reason Code**

We have denied your application dated \_\_\_\_\_ to have the Medical Assistance program pay your health insurance premiums for:

Name	Client I.D. #
Name	#
Name	#

Message 1 (Not cost effective)

This is because we have determined that it is not 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.

- S -

Hemos rechazado su solicitud de fecha \_\_\_\_\_ en la que solicitaba que el Programa de Asistencia Medica pague sus primas de seguro medico 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.

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