

CNS Paragraph Form

Date:

Program Area	03 (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	C0032
Version Number	00002
Effective Date	03.06.97
Title	COBRA Continue Coverage of Group Health Insurance Premium, Prior Conditional Acceptance
Comment	
Reason Code	X51

Effective _____, we will discontinue Medical Assistance coverage for group health insurance premiums under the COBRA Continuation Coverage Program which we had previously accepted for the following person(s):

Name	Client I.D. #
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Choose One or More of the Following Messages

Message 1 (Not Entitled to COBRA Continuation Coverage)

This is because you are no longer entitled to COBRA continuation coverage for the following reason:

Message 2 (Over Income)

This is because your income (less Medical Assistance deductions) of \$_____ is over the income limit of \$_____.

Please look at the budget page to see how we figured your income.

Message 3 (Over Resoureces)

This is because your countable resources of \$_____ are over the resource limit of \$_____.

Please look at the budget page to see how we figured your resources.

Message 4 (Not Cost Effective)

This is because we determined that it is not cost effective to pay your health insurance premiums.

Message 5 (Employer has Less than 75 Employees)

This is because Medical Assistance payment of COBRA continuation premiums is only available when the coverage is through an employer of 75 or more employees.

Message 6 (Other)

This is because:

This decision is based on Regulation 18 NYCRR 360-7.5.

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A partir de/del_____, nosotros discontinuaremos la cobertura de la Asistencia Medica para las primas del seguro de salud en grupo bajo el Programa de Continuacion de Cobertura COBRA el cual habiamos aceptado anteriormente a las siguientes personas:

Nombre	de I.D. del Cliente
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Choose One or More of the Following Messages

Message 1 (Not Entitled to COBRA Continuation Coverage)

Esto se debe a que usted no tiene derecho a la continuacion de cobertura COBRA por la siguiente razon:

Message 2 (Over Income)

Esto se debe a que el ingreso (menos las deducciones de Asistencia Medica) de \$_____ excede el limite de ingreso de \$_____.

Por favor fijese en la pagina del presupuesto para ver como calculamos su ingreso.

Message 3 (Over Resources)

Esto se debe a que los recursos contables de \$_____ exceden el limite de recursos de \$_____.

Por favor fijese en la pagina del presupuesto para ver como calculamos sus recursos.

Message 4 (Not Cost Effective)

Esto se debe a que hemos determinado que no es economico pagar las primas de su seguro de salud.

Message 6 (Other)

Esto se debe a que el pago de la Asistencia Medica de las primas de continuacion de COBRA solo esta disponible cuando la cobertura es a traves de un empleador(a) con 75 empleados o mas.

Message 7

Esto se debe a que :

Esta decision esta basada en la Regulacion 18 NYCRR 360-7.5.

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