

CNS Paragraph Form

Date: 04.03.02

**Program Area**        **03**        (01=PA, 02=FS, 03=MA, 04=HP)  
**Paragraph Number** **C0071**  
**Version Number**    **00002**  
**Effective Date**     **2002**    (YYMMDD)  
**Title**                 **Medicare Buy In Program (SLMBs)**  
**Comment**  
**Reason Code**

Text

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We will discontinue Medical Assistance payment of the Medicare Part B premium effective \_\_\_\_\_. This change will be reflected in your social security security check within approximately 90 days.

Name Client I.D. #  
Name #  
Name #

Choose one or more of the following messages

Message 1 (Over Income )

Medical Assistance payment of your Medicare Part B premium is being discontinued because your net income (gross income less Medical Assistance deductions) of \$\_\_\_\_\_ is over the income limit of \$\_\_\_\_\_.

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

Message 2 (Not enrolled or eligible for Part A)

Medical Assistance payment of your Medicare Part B premium is being discontinued because you are not (enrolled in)(eligible for) Medicare Part A from the Federal Social Security Administration.

Message 3 (Other)

Medical Assistance payment of your Medicare Part B premium is being discontinued because \_\_\_\_\_.

Use for all

This decision is based on Regulation 18 NYCRR 360-7.7 and 360-7.8.

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Nosotros discontinuaremos el pago de la prima de la Parte B del Medicare por parte de la Asistencia Medica a partir de/del \_\_\_\_\_. Este cambio se reflejara en su cheque de seguro social dentro de aproximadamente 90 dias.

Nombre	No. del I.D. del Cliente
Nombre	#
Nombre	#

Choose one or more of the following messages

Message 1 (over income)

El pago de la Asistencia Medica de la prima de la Parte B del Medicare se esta discontinuando porque sus ingresos neto (ingresos bruto menos las deducciones de Asistencia Medica) de \$ \_\_\_\_\_ excede el limite de ingresos de \$ \_\_\_\_\_.

Favor de fijarse en la seccion referente al calculo del presupuesto para ver como calculamos su ingreso.

Message 2 (Not enrolled or eligible for Part A)

El pago de la Asistencia Medica de la prima de la Parte B del Medicare se esta discontinuando porque usted no se (inscribio en el)(no es elegible para el) Medicare, Parte A, de la Administracion del Seguro Social Federal.

Message 3 (Other)

El pago de la Asistencia Medica de la prima de la Parte B del Medicare se esta discontinuando debido a que \_\_\_\_\_.

Use for all

Esta decision esta basada en las Regulaciones 18 NYCRR 360-7.7 y 360-7.8.

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