

CNS Paragraph Form

Date: 03.26.2020

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	U0299	
Version Number	00001	
Effective Date	2020	
Title	Extension of Medicaid Coverage	
Comment	Single use to address COVID-19	
Reason Code	747	

Notice of Extension of Medicaid Coverage

We will extend Medicaid coverage for:

Name	Client I.D. #
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Based on the federal legislation signed into law on Wednesday, March 18, 2020, no person who currently has Medicaid coverage will lose their coverage during this time of the COVID-19 pandemic. If you get a notice telling you that your Medicaid is discontinued after March 18, 2020, your coverage will be reinstated so there is no gap in coverage. If you have any questions, please contact the NYS Medicaid Helpline at 1-800-541-2831.

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Aviso de prórroga de la cobertura de Medicaid

Extenderemos cobertura de Medicaid para:

Nombre	Nº de Id. del cliente
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Según la ley federal promulgada el miércoles 18 de marzo de 2020, ninguna persona que tenga cobertura de Medicaid perderá su cobertura durante la pandemia de COVID-19. Si recibe un aviso diciendo que su cobertura Medicaid está suspendida desde el 18 de marzo de 2020, su cobertura se restablecerá para que no haya brechas en la cobertura. Si tiene alguna pregunta, comuníquese con la Línea de Ayuda de Medicaid de NYS al 1-800-541-2831.