

CNS Paragraph Form

Date: 10.25.2019

Program Area **03** **(01=PA, 02=FS, 03=MA, 04=HP)**
Paragraph Number **Y0070**
Version Number **00004**
Effective Date **2019**
Title **(Opening) Suspend MA Coverage for Inmate of NYS/Local
Correctional Facility w/AC (Upstate)**
Comment *(Multi-Person Household)*
Reason Code **C57**

We will suspend Medicaid coverage effective _____ for:

| | |
|------|---------------|
| Name | Client I.D. # |
|------|---------------|

Because you are an inmate in a correctional facility, Medicaid will only pay for acute inpatient hospital care provided off the grounds of the correctional facility. All other Medicaid coverage will be suspended while you are incarcerated. Your Medicaid case is NOT being closed.

If you are now enrolled in a Medicaid Managed Care plan, you will no longer be enrolled in your health plan.

If Medicaid is paying health insurance premiums, including Medicare, for you, payment of these premiums will be discontinued.

Your Medicaid benefits will be reinstated when you are released to the community.

Individuals being released from a local jail outside New York City will need to call the Unit telephone number listed above to have their coverage reinstated.

When you are released, you will need to contact your local social services district if you need a New York State Benefit Identification Card.

This decision is based on Sections 366(1-a) and 366(1)(e)(1) of the Social Services Law.

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Suspenderemos la cobertura de Medicaid a partir de _____ para:

| | |
|--------|----------------------|
| Nombre | # de ID del cliente: |
|--------|----------------------|

Dado que usted es un(a) recluso(a) en una institucion correccional, Medicaid pagara solamente por atencion de cuidado critico de paciente interno recibida fuera de las

instalaciones penitenciarias. Se suspendera toda otra cobertura de Medicaid mientras usted permanezca encarcelado(a). Su caso de Medicaid NO se cerrara.

Si actualmente usted esta inscrito en el plan de cuidados dirigidos de Medicaid, ya no estara inscrito en su plan de salud.

Si Medicaid le esta pagando las primas de seguro medico, inclusive las de Medicare, el pago de dichas primas se suspendera.

Sus beneficios de Medicaid se restableceran cuando sea liberado a la comunidad.

Las personas liberadas de una instalacion correccional local fuera de la ciudad de Nueva York deberan contactarse al numero de telefono de la Unidad indicado arriba para que se le restablezca la cobertura.

Cuando lo liberen, debera contactarse con el distrito de servicios sociales local si necesita una tarjeta de identificacion de beneficios del estado de Nueva York.

Esta decision se toma conforme a las Secciones 366(1-a) y 366(1)(e)(1) de la Ley de Servicios Sociales.