

CNS Paragraph Form

Date: 11.03.05

Program Area	03	(01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number	R0043	
Version Number	00001	
Effective Date	2005	(YYMMDD)
Title	Notice of Renewal (Recertification) for QI1 (Upstate and Downstate)	
Comment		
Reason Code		

During the previous year, you or a member of your household was eligible to have the Medical Assistance Program pay the Medicare Part B premium.

This letter is to tell you that you must complete and return the enclosed "Medicare Savings Program Re-enrollment Form" to help us determine if you or a member of your household can still have the Medical Assistance Program pay your Medicare Part B premium.

You or your authorized representative must complete and return the enclosed form and requested documentation to the following address by (insert date):

Requested Documentation: Send copies of all documentation that applies to you (and your spouse, if married). You must submit proof of current income and other changes that have occurred to you (and your spouse, if married) since your last re(certification).

If you or your representative needs help completing the form or getting the documentation, please call the above worker telephone number as soon as possible.

If you or your representative does not return the form and/or the requested documentation by the above date, we will think that you do not want the Medical Assistance Program to pay your Medicare Part B premium and will close your case. Before closing your case, we will send you a notice telling you the closing date.