

CNS Paragraph Form

Date: 03.01.04

Program Area **03** (01=PA, 02=FS, 03=MA, 04=HP)
Paragraph Number **D0150**
Version Number **00003**
Effective Date **2004** (YYMMDD)
Title **Deny MBI-WPD Death Before Determination, Insufficient Information to Make Determination**

Comment
Reason Code **B45**

We have denied your application for Medical Assistance coverage through the Medicaid Buy-In program for Working People with Disabilities (MBI-WPD) dated _____ for:

Name	Client I.D. #
Name	#
Name	#

This is because our records indicate that this individual is deceased and the Department has not received sufficient information to complete the Medicaid Eligibility Determination.

This decision is based on Regulations 18 NYCRR 360-3.3 and 360-2.3.

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Hemos denegado su solicitud para la cobertura de Asistencia Medica bajo el programa de adquisicion de Medicaid para personas discapacitadas que trabajan (MBI-WPD) fechada _____ para:

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

Esto se debe a que nuestros registros indican que esta persona ha fallecido y el Departamento no ha recibido suficiente informacion para completar la Determinacion de Elegibilidad de Medicaid.

Esta decision esta basada en las regulaciones 18 NYCRR 360-3.3 y 360-2.3.

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