

CNS Paragraph Form

Date: 08.26.22

Program Area **03** **(01=PA, 02=FS, 03=MA, 04=HP)**
Paragraph Number **D0151**
Version Number **00004**
Effective Date **2022** **(YYMMDD)**
Title **Deny MBI-WPD Death before Determination No Med Bills**
 Retro Period
Comment
Reason Code **B46**

We have denied your application for Medicaid 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 this individual died before the Medicaid Eligibility Determination was completed and did not have medical bills for Medicaid covered services in the month of application or in the three months prior to the month of application.

This decision is based on Regulations 18 NYCRR 360-3.3 and 360-2.4(c).

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Hemos denegado su solicitud para la cobertura de Medicaid 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 esta persona fallecio antes de que se completara la Determinacion de Elegibilidad de Medicaid, y no tenia cuentas medicas por los servicios cubiertos por Medicaid en el mes de la solicitud, o en los tres meses anteriores al mes de la solicitud.

Esta decision esta basada en las regulaciones 18 NYCRR 360-3.3 y 360-2.4(c).