

REPORT OF DENIED MPW APPLICATIONS
DMA Administrative Letter No. 03-04

Number of denied/withdrawn pregnant minors on the report: _____
If a pregnant minor had more than one application, count her only once.

Number of pregnant minors denied solely due to parental income: _____

Number denied solely due to parental income that were later authorized for all months for which they could have been authorized had parental income not been counted: _____

Number to whom the letter (attachment 1) was sent: _____

Number who could not be located: _____

Number who responded either by letter or by phone call: _____

Number who sent in the letter and wanted Medicaid, but whom you could not reach by phone: _____

Number who wanted Medicaid: _____

Number who were authorized for MPW coverage following this letter: _____

Of the total authorized, the number who already had been authorized for some MPW coverage: _____

Number of children who were authorized under auto-newborn coverage because their mother was authorized as a result of this letter: _____

Name of person completing this report: _____

Telephone number: _____

Email address: _____

Send the completed report to: Andy Wilson, Project Coordinator
Medicaid Eligibility Unit
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501