

TO: Local District Commissioners, Medicaid Directors

FROM: Betty Rice, Director
Division of Consumer and Local District Relations

SUBJECT: Changes in Medicaid Mail-In Renewal Form

EFFECTIVE DATE: Immediately

CONTACT PERSON: Medicaid Local District Liaison: Upstate: (518) 474-9130
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Districts have requested a number of changes to the new mail-in renewal form and accompanying letters. In response, we have made the changes noted below. They are effective Monday, June 2, 2003.

1. The cover letter (for both the general and the SSI populations) now reads:

"YOU MUST PROVIDE THE INFORMATION THAT FOLLOWS AND RETURN IT WITH THIS LETTER AND CERTAIN DOCUMENTATION TO THE FOLLOWING ADDRESS BY (DATE)."

The following is also new on the cover letters.

"MAKE SURE YOU ANSWER EVERY QUESTION AND SIGN THE FORM. RETURN ALL PAGES AND THE DOCUMENTATION BY MAIL OR IN PERSON TO THE SOCIAL SERVICES OFFICE. YOU DO NOT NEED TO COME IN FOR AN INTERVIEW."

2. Question 3a has been changed to read: "DOES ANYONE LISTED IN QUESTION 1 ABOVE HAVE A SPOUSE, PARENT/STEP-PARENT, OR CHILD UNDER 21, WHO IS LIVING IN THE HOUSEHOLD BUT WHO IS NOT RECEIVING MEDICAID, FAMILY HEALTH PLUS OR CHILD HEALTH PLUS A?"
3. Question 5 now requests a telephone number.
4. The Documentation Checklist now tells the recipient to provide documentation of four (4) consecutive weeks of income from employer(s).
5. The renewal reminder letter now states: "IF YOU HAVE ALREADY RETURNED YOUR RENEWAL FORM, PLEASE DISREGARD THIS LETTER."
6. The first page of the recertification form (not the cover letter) will have the client's name, Case # and Notice number; as always the notice number will continue to appear on all pages. The notice number will appear at the top of each page, and the case number and client's name will appear in the top center above the heading on page 3.