

DSS-4357EL

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GENERAL INFORMATION SYSTEM

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DIVISION: Office of Medicaid Management

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TO: Local District Commissioners, Managed Care Coordinators

FROM: Ellen J. Anderson, Director, Office of Managed Care
Ann Clemency Kohler, Director, Office of Medicaid Management

SUBJECT: Claims Submission

EFFECTIVE DATE: September 30, 1997

CONTACT PERSON: Maureen Connors, (518) 486-9015

This notice is to clarify the submission of claims for payment under the Medicaid Managed Care Grant Fund to local districts. Effective immediately, please submit ONE original monthly claim to the : Bureau of Local Financial Operations, Office of Temporary and Disability Assistance, 40 North Pearl Street, Albany, NY 12243. They will then forward the claim to SDOH for payment authorization.

Also, please direct any payment questions to Roland Levie for Regions I - IV at 1-800-343-8859, 3xtension 4-7549, or Marvin Gold for Regions V and VI at (212) 383-1733. Any budget modification or additional funding questions may be directed to Maureen Connors at SDOH, Office of Managed Care at (518) 486-9015.

Please call Maureen Connors with any questions regarding this transmission.