



STATE OF NEW YORK DEPARTMENT OF HEALTH

Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Dennis P. Whalen
Executive Deputy Commissioner

**OFFICE OF MEDICAID MANAGEMENT
INFORMATIONAL LETTER**

TRANSMITTAL: 98 OMM/INF-01

TO: Commissioners of
Social Services

DIVISION: Office of
Medicaid
Management

DATE: April 21, 1998

SUBJECT: Pay-In Program Forms

**SUGGESTED
DISTRIBUTION:** Medicaid Staff
Staff Development Coordinators
Accounting Supervisors

CONTACT PERSON: Ann Hughes or Sandy Hann at (518) 474-9130

ATTACHMENTS: Not Available On-Line
DSS-4544 (1/97): "Notice of Credit Due To Uncovered Expenses"
DSS-4545 (1/97): "Notice of Refund Due To Uncovered Expenses"
DSS-4546 (1/97): "Notice of Credit Due To Review of Medical Assistance Claims"
DSS-4547 (1/97): "Notice of Refund Due To Review of Medical Assistance Claims"
DSS-4548 (1/97): "Optional Pay-In Program For Individuals With Excess Income"

FILING REFERENCES

| Previous ADMs/INFs | Releases Cancelled | Dept. Regs. | Soc. Serv. Law & Other Legal Ref. | Manual Ref. | Misc. Ref. |
|------------------------|-----------------------|-------------|---|--------------------|--------------------------------|
| 97 ADM-13 96 ADM-15 | | 360-4.8(c) | 366(2)(b); Chapter 81 of the Laws of 1995; SSA 1903(f) 42CFR 435.831 435.914 | MARG pp 223-231 | GIS 95 MA/025 95 LCM-131 |

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The purpose of this release is to notify local districts that the forms required for use with the Medicaid Pay-In program, as described in 96 ADM-15, are now available. A copy of each form is attached.

The DSS-4544, "Notice of Credit Due to Uncovered Expenses", must be used to notify a recipient of a credit resulting from a medical expense not covered by the Medicaid program which was incurred by the recipient after paying his/her excess income liability to the local district.

The DSS-4545, "Notice of Refund Due to Uncovered Expenses", must be used to notify a recipient of a refund resulting from a medical expense not covered by the Medicaid program which was incurred by the recipient after paying his/her excess income liability to the local district.

The DSS-4546, "Notice of Credit Due to Review of Medical Assistance Claims", must be used to notify a recipient of a credit resulting from the reconciliation of paid Medicaid claims with the recipient's Pay-In account.

The DSS-4547, "Notice of Refund Due to Review of Medical Assistance Claims", must be used to notify a recipient of a refund resulting from the reconciliation of paid Medicaid claims with the recipient's Pay-In account.

The DSS-4538, "Optional Pay-In Program for Individuals with Excess Income", must be issued to all individuals determined to be eligible for Medicaid with excess income. The Client Notice System (CNS) will include this notice whenever a case is denied or closed due to excess income.

Requests for these forms should be submitted on form DSS-876: "Request for Forms or Publications", and should be sent to:

Office of Temporary and Disability Assistance
Bureau of Forms and Print Management
P. O. Box 1990
Albany, New York 12201

Local districts will not automatically receive copies of these forms. Questions concerning ordering forms should be directed to the Bureau of Forms and Print Management by calling 1-800-343-8859, extension 4-2702. Questions concerning the use of these forms should be directed to Ann Hughes or Sandy Hann at (518) 474-9130.

All requests for approval of local equivalent forms must be submitted in accordance with the procedures described in 97 ADM-13.

Ann Clemency Kohler
Deputy Commissioner
Office of Medicaid Management