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DIVISION: Office of Managed Care PAGE 1

GIS 05 MA/025

TO: Local District Commissioners, Managed Care Coordinators, Medicaid

Directors

FROM: Kathleen Shure, Director Office of Managed Care

SUBJECT: Voided Premium Requests for Duplicate CINs

EFFECTIVE DATE: Immediately

CONTACT PERSON: Office of Managed Care

Bureau of Intergovernmental Affairs 518-486-9015

This is to clarify which form local departments of social services must use when requesting a Managed Care plan to void a premium for a duplicate CIN.

The Dear Commissioner Letter dated May 23, 2005 addresses the process for unduplicating CINs, both with Managed Care and without Managed Care. Included in that letter were two (2) forms: one is to be used for managed care plans to notify the LDSS if they discover Duplicate CINs, the other was to be used by the LDSS when requesting a plan to void previously paid premiums because of Duplicate CINs.

It is imperative that for all voided premium requests, counties continue to use the form previously given to them by the Office of Managed Care at the recent Retro-Active Disenrollment training, if they wish the SDOH to track them. The form as included in the May 23, 2005 correspondence does not supply enough information for this office to effectively monitor and track voided claims.

We are sorry for any confusion this has caused. Please call your Bureau of Intergovernmental Affairs, field liaison at 518-486-9015, with any questions.