WGIUPD

GENERAL INFORMATION SYSTEM

DIVISION: Office of Health Insurance Programs

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GIS 07 MA/028

TO: Local District Commissioners, Medicaid Directors

FROM: Linda LeClair, Director

Bureau of Medicaid/FHP Enrollment, Division of Coverage and Enrollment

SUBJECT: LDSS-2831A "Temporary Medicaid Authorization"

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Unit

Upstate (518)474-8887 NYC (212)417-4500

The Temporary Medicaid Authorization (LDSS-2831A) had been discontinued as a form to order through the NYS Department of Health's warehouse. Local districts had been instructed to download this form through the intranet. We have re-evaluated this decision as the serial numbered, multi-copy forms offered some control as an avoidance measure for potential fraud and abuse.

Districts are reminded that IAF may also be utilized to issue temporary Medicaid authorizations.

In order to maintain the security of the LDSS-2831A "Temporary Medicaid Authorization", the document has been removed from the Department of Health's intranet. Districts should continue to use the LDSS-2831A as necessary, however, the document must now be ordered from the State Health Department.

Orders for the LDSS: 2831A should be submitted on the attached form to:

New York State Department of Health
Corning Tower
Room 2029
Empire State Plaza
Albany, NY 12237
Attention: Michael Margiasso

REQUEST FOR FORMS OR PUBLICATIONS

NYS Department of Health Corning Tower Room 2029 Empire State Plaza Albany, N.Y. 12237 Phone (518) 486-1432 Attention: Michael Margiasso			Deliver Supply	y To: (Complete Address)	
FORM NUMBER		FORM	TITLE		QUANTITY REQUESTED
					REQUESTED
Signature of Perso	n Submitting	Phone Number	Fax Number	Date Subm	nitted
Request:				Jake Gabii	