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| LOCAL COMMISSIONERS MEMORANDUM |
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DSS-4037EL (Rev. 9/89)

Transmittal No: 98 LCM-20

Date: March 25, 1998

Division: PSQI

TO: Local District Commissioners

SUBJECT: Change in Federal Reimbursement-1115 Managed Care Waiver Program

ATTACHMENTS: None

A letter dated October 2, 1997, from the Department of Health was issued to all Commissioners. In that letter all Commissioners were notified that New York's 1115 managed care waiver program had been approved by the Health Care Financing Administration (HCFA). As a result, effective October 1, 1997, all medical related services provided to Safety Net and medically needy Safety Net adults are eligible for federal reimbursement. The purpose of this memorandum is to provide guidance with respect to claiming of medical assistance expenditures on the Schedule E, (DSS-157) "Computation of Federal and State Aid on Medical Assistance."

Generally, all medical related services provided on or after October 1, 1997 to Safety Net recipients should no longer be reported and claimed as Federal Non-Participating (FNP), but should be reported and claimed as Federal Participating (FP) on the Schedule E. Some types of services that appear on the Schedule E that are affected by this waiver are: Hospital Services-Inpatient and Outpatient-Public and Private, Free Standing Clinics, Physician's Services, Dental Services, Other Practitioner's Services, Managed Care, Nursing Services in the Home, Transportation, Lab, and Radiology.

It should be remembered that refunds should be classified and reported at the same level of reimbursement as the original issuance. For example, the recovery of an HR-FNP expenditure for services provided prior to October 1, 1997 must be reported on the Schedule E-1, (DSS-157A) "Summary of Refunds and Cancellations Decertified Facility Information and Rate Adjustments" as FNP, the same level of reimbursement as the original issuance.

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