

DSS-4357EL

WGIUPD

**GENERAL INFORMATION SYSTEM**

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**DIVISION:** Office of Medicaid Management

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**GIS** 97 MA/012

**TO:** Local District Commissioners

**FROM:** Ellen Anderson, Director, Office of Managed Care

Ann Clemency Kohler, Director, Office of Medicaid Management

**SUBJECT:** Claims

**EFFECTIVE DATE:**

**CONTACT PERSON:** Maureen Connors, Office of Managed Care, Bureau of  
Intergovernmental Affairs

The recent budget extenders contain partial funding for the payment of claims submitted through the Medicaid Managed Care Grant Fund. Please submit any monthly claims for the first quarter of SFY '97-'98 together with a first quarter activity report to:

Maureen Connors  
New York State Department of Health  
Office of Managed Care  
Empire State Plaza  
Corning Tower Building, Room 2074  
Albany, New York 12237

Please be reminded that any claims paid through this process will be deducted from each county's grant award for SFY '97-'98. We will continue to pay claims to those counties who remit a quarterly report until the funding is exhausted. Please call Maureen Connors or your county's representative in the Office of Managed Care, Bureau of Intergovernmental Affairs at (518) 486-9015.