

WGIUPD

GENERAL INFORMATION SYSTEM

6/8/11

DIVISION: Office of Health Insurance Programs

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GIS 11 MA/008

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Coverage and Enrollment

SUBJECT: New Manual Client Notice, OHIP-0052, "Notice of Decision To Pay Third Party Health Insurance Premiums"

EFFECTIVE DATE: Immediately

CONTACT PERSON: Local District Support Unit
Upstate (518)474-8887 NYC (212)417-4500

The purpose of this General Information System message is to introduce a new manual client notice, OHIP-0052, "Notice of Decision To Pay Third Party Health Insurance Premiums." This attached notice is to be used to notify Medicaid recipients, after the initial Medicaid eligibility determination notice was mailed, that they are eligible for Medicaid payment or reimbursement of health insurance premiums.

When an applicant has access to health insurance at the time of application and is determined Medicaid eligible, he/she is notified to provide, within 30 days, information needed to determine if the insurance is cost effective. If the district determines the health insurance meets the criteria for Medicaid premium payment or reimbursement, the recipient must enroll in that insurance. This enrollment is required within 30 days of the beginning of the first available open enrollment period.

After proof of enrollment is received, OHIP-0052, "Notice of Decision to Pay Third Party Health Insurance Premiums," shall be used to advise the recipient of eligibility for Medicaid premium payment or reimbursement.