

# List of Revised Manual Eligibility Notices

- **DOH-4320** - AUTHORIZATION FOR SHORT TERM REHABILITATIVE NURSING HOME CARE
- **DOH-4321** - NOTICE OF ACCEPTANCE OF YOUR MEDICAL ASSISTANCE APPLICATION (Community Coverage Without Long Term Care)
- **OHIP-0001** - NOTICE OF DECISION ON YOUR REQUEST FOR UNDUE HARDSHIP (Transfer of Assets Penalty)
- **OHIP-0002** - NOTICE OF ACTION ON APPLICATION/BENEFIT FOR MEDICAID PAYMENT OF MEDICARE PREMIUMS
- **OHIP-0002(NYC)** - NOTICE OF ACTION ON APPLICATION/BENEFIT FOR MEDICAID PAYMENT OF MEDICARE PREMIUMS
- **OHIP-0003** - NOTICE OF MEDICAL ASSISTANCE PAYMENT OF THE MEDICARE PART A AND/OR PART B PREMIUM
- **OHIP-0003(NYC)** - NOTICE OF MEDICAL ASSISTANCE PAYMENT OF THE MEDICARE PART A AND/OR PART B PREMIUM
- **OHIP-0008** - NOTICE OF DECISION TO DISCONTINUE YOUR MEDICAID COVERAGE (Duplicate CIN within Same District)
- **OHIP-0009** - NOTICE OF DECISION TO DISCONTINUE YOUR MEDICAID COVERAGE (Duplicate CIN In Two Different Districts)
- **OHIP-0014** - NOTICE OF TRANSITION OF YOUR MEDICAID/FAMILY PLANNING BENEFIT PROGRAM AND/OR MEDICARE SAVINGS PROGRAM COVERAGE (County A)
- **OHIP-0015** - NOTICE OF TRANSITION OF YOUR MEDICAID/FAMILY PLANNING BENEFIT PROGRAM AND/OR MEDICARE SAVINGS PROGRAM (County B)
- **OHIP-0018** - NOTICE OF DISCONTINUANCE OF MEDICAID COVERAGE UNDER THE MEDICAID BUY-IN PROGRAM FOR WORKING PEOPLE WITH DISABILITIES (MBI-WPD): (Over Income/Over Resources/Over Income and Over Resources)
- **OHIP-0024** - IMPORTANT INFORMATION ABOUT A CHANGE IN YOUR PRESCRIPTION DRUG COVERAGE
- **OHIP-0024(NYC)** - IMPORTANT INFORMATION ABOUT A CHANGE IN YOUR PRESCRIPTION DRUG COVERAGE
- **OHIP-0036** – NOTICE OF DENIAL FOR THE MEDICARE SAVINGS PROGRAM (Application Received by SSA)
- **OHIP-0044** - NOTICE OF DENIAL FOR THE MEDICARE SAVINGS PROGRAM – FAILURE TO PROVIDE INFORMATION (Application Received by SSA)
- **OHIP-0051** - NOTICE OF MEDICARE SAVINGS PROGRAM CASE OPENED IN ERROR
- **OHIP-0052** - NOTICE OF DECISION REGARDING PAYMENT OF THIRD PARTY HEALTH INSURANCE PREMIUMS
- **OHIP-0073** - NOTICE OF ACTION ON MEDICAID APPLICATION FOR AN ADULT WHO WAS IN FOSTER CARE
- **OHIP-0076** - NOTICE OF ACCEPTANCE FOR MEDICAID COVERAGE FOR INMATES IN A LOCAL CORRECTIONAL FACILITY (JAIL) OR FEDERAL PENITENTIARY WITHIN NEW YORK STATE
- **OHIP-0076NYC** - NOTICE OF ACCEPTANCE FOR MEDICAID COVERAGE FOR INMATES IN A LOCAL CORRECTIONAL FACILITY (JAIL) OR FEDERAL PENITENTIARY WITHIN NEW YORK STATE
- **OHIP-0077** - NOTICE OF INTENT TO DISCONTINUE MEDICAID
- **OHIP-0079** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION
- **OHIP-0080** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION FOR RETROACTIVE COVERAGE
- **OHIP-0081** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION (Family Planning Benefit Program Acceptance)

- **OHIP-0082** - NOTICE OF ACCEPTANCE FOR SUSPENDED FAMILY PLANNING BENEFIT PROGRAM COVERAGE FOR INMATES IN A LOCAL CORRECTIONAL FACILITY (JAIL) OR FEDERAL PENITENTIARY WITHIN NEW YORK STATE
- **OHIP-0082NYC** - NOTICE OF ACCEPTANCE FOR SUSPENDED FAMILY PLANNING BENEFIT PROGRAM COVERAGE FOR INMATES IN A LOCAL CORRECTIONAL FACILITY (JAIL) OR FEDERAL PENITENTIARY WITHIN NEW YORK STATE
- **OHIP-0098** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION (**formerly LDSS-3622**)
- **OHIP-0099** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION (EXCESS INCOME/RESOURCES) (**formerly LDSS-3973**)
- **OHIP-0100** - NOTICE OF INTENT TO CHANGE THE CONTRIBUTION TOWARD CHRONIC CARE COSTS (**formerly LDSS-4021**)
- **OHIP-0101** - NOTICE OF INTENT TO ESTABLISH A LIABILITY TOWARD CHRONIC CARE (**formerly LDSS-4022**)
- **OHIP-3623** - NOTICE OF INTENT TO DISCONTINUE/CHANGE MEDICAID COVERAGE (**formerly LDSS-3623**)
- **OHIP-3868** - NOTICE OF MEDICAID REVIEW (**formerly LDSS-3868**)
- **OHIP-3869** - NOTICE OF DECISION ON REIMBURSEMENT OF MEDICAL BILLS BY THE MEDICAID PROGRAM (**formerly LDSS-3869**)
- **OHIP-4023** - NOTICE OF INTENT TO DISCONTINUE FOR FAILURE TO COMPLY WITH RECERTIFICATION PROCEDURES (**formerly LDSS-4023**)
- **OHIP-4144** - NOTICE OF DECISION ON YOUR MEDICAID APPLICATION LIMITED COVERAGE (Transfer of Assets Penalty) (**formerly LDSS-4144**)
- **OHIP-4145** - NOTICE OF DECISION ON YOUR REQUEST FOR COVERAGE OF NURSING FACILITY SERVICES LIMITED COVERAGE (Transfer of Assets Penalty) (**formerly LDSS-4145**)
- **OHIP-4147** - NOTICE OF INTENT TO DISCONTINUE/CHANGE MEDICAID COVERAGE (Transfer of Assets) (**formerly LDSS-4147**)
- **OHIP-4307** - NOTICE OF ACTION ON APPLICATION/BENEFIT FOR MEDICAID PAYMENT OF THE COBRA CONTINUATION COVERAGE PREMIUM (**formerly LDSS-4307**)
- **OHIP-4329** - NOTICE OF ACTION ON APPLICATION/BENEFIT FOR MEDICAID PAYMENT OF HEALTH INSURANCE PREMIUMS UNDER THE AIDS HEALTH INSURANCE PROGRAM (**formerly LDSS-4329**)
- **OHIP-4374** - NOTICE OF INTENT TO CHANGE MEDICAID COVERAGE (New Excess/COLA Case) (**formerly LDSS-4374**)
- **OHIP-4375** - NOTICE OF INTENT TO CHANGE MEDICAID COVERAGE (Undercare Excess/COLA Case) (**formerly LDSS-4375**)
- **OHIP-4466** - NOTICE OF INTENT TO IMPOSE A LIEN ON REAL PROPERTY (Institutionalized Individual) (**formerly LDSS-4466**)
- **OHIP-4489** - NOTICE OF ACCEPTANCE OF YOUR MEDICAID APPLICATION (Community Coverage With Community Based Long Term Care) (**formerly LDSS-4489**)
- **OHIP-4544** - NOTICE OF CREDIT DUE TO UNCOVERED EXPENSES (Pay-In Program) (**formerly LDSS-4544**)
- **OHIP-4545** - NOTICE OF REFUND DUE TO UNCOVERED EXPENSES (Pay-In Program) (**formerly LDSS-4545**)
- **OHIP-4546** - NOTICE OF CREDIT DUE TO REVIEW OF MEDICAID CLAIMS (Pay-In Program) (**formerly LDSS-4546**)
- **OHIP-4547** - NOTICE OF REFUND DUE TO REVIEW OF MEDICAID CLAIMS (Pay-In Program) (**formerly LDSS-4547**)
- **OHIP-4750** - IMPORTANT NOTICE CONCERNING YOUR CONTRIBUTION TOWARD CHRONIC CARE (**formerly LDSS-4750**)