NEW YORK STATE DEPARTMENT OF HEALTH Office Of Medicaid Management

# ATTACHMENT IX

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Page	of	

# REIMBURSEMENT DETAIL FORM/UNPAID BILLS Aliessa/Adamolekum v. Novello

Recipient Name:	Social Security #:	Case Type:	CIN #:	_Case #:
Recipient Address:	Eligible: From:	_To:	Eligible: From:	To:
Local District:	Eligible: From:	_To:	Eligible: From:	To:

APPROVED UNPAID BILLS: PROVIDER SHOULD SEND TO MEDICAID				DENIED UNPAID BILLS AND WHY WE WILL NOT PAY THIS BILL			
Date of Service (MO/DAY/YR)	Name and Address of Service Provider	Description of Service Provided	Amount Of Bill	Provider should submit a Medicaid claim for this service		Not a covered service	OTHER: (Describe other reason bill is not paid)

#### DIRECTIONS FOR LDSS/MAP WORKER TO COMPLETE THE "REIMBURSEMENT DETAIL FORM/UNPAID BILLS"

1. Enter the demographic information across the top of the form; Recipient name, recipient address, Social Security Number, Case type, CIN number, Case number, local district, eligible: "FROM" and "TO" lines (Note: There may be multiple periods of coverage).

## A) APPROVED UNPAID BILLS: PROVIDER SHOULD SEND TO MEDICAID

The worker will enter:

• Provider Should Submit a Medicaid Claim For this Service: Place an "X" or check ( $\sqrt{}$ ) in the box indicating the class member should have their provider submit a claim for this service to Medicaid following the existing procedures for submitting a Medicaid claim.

Upstate: Claims should be submitted to Computer Sciences Corporation.

NYC: Claims should be submitted to the Medical Assistance Program (MAP) Reimbursement Unit.

• Attach copies of unpaid bills to this form.

### B) DENIED UNPAID BILLS AND WHY WE WILL NOT PAY THIS BILL

The worker will enter:

- Not A Medicaid Provider: Place an "X" or check  $(\sqrt{})$  in the box if the provider of service is not a Medicaid enrolled provider.
- Not a Covered Service: Place an "X" or check ( $\sqrt{}$ ) in the box if the service is not a Medicaid covered service.
- Other: Describe any other reason why this bill is not paid.

Retain a copy of this form and all bills for the Local District of Social Service's case record