

TO: Local District Commissioners, Medicaid Directors

FROM: Judith Arnold, Director
Division of Eligibility and Marketplace Integration

SUBJECT: Revised Claim Transmittal form OHIP-0031

ATTACHMENT: Claim Transmittal form OHIP-0031

EFFECTIVE DATE: Immediately

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

The purpose of this General Information System (GIS) message is to inform local departments of social services (LDSS) of changes to the Claim Transmittal form, OHIP-0031 (attached). The Claim Transmittal is used when submitting medical bills for reimbursement to the New York State Department of Health (SDOH), Medicaid Financial Management (FMG) Group, in Albany, NY.

The form was updated to eliminate all references to Family Health Plus program, since the program ended January 2014.

The revised Claim Transmittal form (OHIP-003) is currently posted online at:

<http://health.state.nyenet/revldssforms.htm>

Please direct any questions to your local district liaison.