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| LOCAL COMMISSIONERS MEMORANDUM |
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Transmittal No: 90 LCM-79

Date: June 1, 1990

Division: Medical Assistance

TO: Local District Commissioners

SUBJECT: Duplicate Medicaid Cases

ATTACHMENTS: NONE

The Division of Medical Assistance is concerned with the identification and elimination of duplicate identification cards carried on the WMS system. In an effort to address this problem a monthly recipient computer report will be sent to your agency each month listing recipients who are eligible for Medical Assistance and are in receipt of more than one client identification number. If a potential match is made for recipients in two or more counties, that recipient's data will appear on each counties' report. These reports will be sent to you commencing July 1, 1990.

In order to assure that good communication avenues exist between the local social services district and the State, it will be necessary for you to appoint a contact person for your agency who will interface with a State coordinator.

Please submit the name of your designated contact person either in writing or by telephone to:

Mr. Gerard F. Nelligan
Medical Assistance Specialist III
New York State Department of Social Services
Division of Medical Assistance
40 North Pearl Street
Albany, New York 12243-001
Telephone: 1-800-342-3715, Extension 3-5989

It is important that the name of the contact person be submitted by June 29, 1990.

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The local district contact person will be provided with information regarding social service district interface with the first report.

Thank you in advance for your prompt attention to this matter.

Jo-Ann A. Costantino
Deputy Commissioner
Division of Medical Assistance