

LOCAL COMMISSIONERS MEMORANDUM

DSS-4037EL

(Rev. 9/89)

Transmittal No: 98 OMM LCM-006

Date: May 28, 1998

Division: Office of Medicaid
Management

TO: Local District Commissioners

SUBJECT: Revised AIDS Health Insurance Program Quarterly Report

ATTACHMENTS: Revised AIDS Health Insurance Program Quarterly Report

Local Department of Social Services AIDS Health
Insurance Contacts

This letter transmits a revised AIDS Health Insurance Program (AHIP) premium payment report. Prior to the changes to this report, the worker responsible for submitting the report on a quarterly basis to Fred Perkins of this office responded to two general questions regarding recipient participation in the program and entered the total premiums paid by the county for the reporting period. The revised report seeks more detailed information, such as: the number of AHIP interviews conducted during the quarter; the number of AHIP cases approved, denied, or pended; and the actual number of recipients who are having premiums paid for under this program during the reporting period. These changes are being made as part of a collaborative effort with the AIDS Institute within the Department of Health.

Please forward the revised report to the worker responsible for its completion. I have attached a list of contacts for each county to assist you in forwarding the report to the correct individual.

Any questions on the report should be directed to Fred Perkins at (518) 486-5870.

Thank you for your continued cooperation in this valuable effort to assist individuals in maintaining their private health coverage. By doing so you are reducing the number of individuals who impoverish themselves to Medicaid levels.

**AIDS HEALTH INSURANCE PROGRAM
QUARTERLY REPORT**

1. Social Services District Name: _____
2. Name of Person Completing Report: _____
3. Title of Person Completing Report: _____
4. Telephone Number: (____) _____ - _____ extension _____
5. Reporting Period: From: ___/___/___ To: ___/___/___
6. Did you have any clients in the AIDS Health Insurance Program during this reporting period?

 _____ No. END OF REPORT _____ Yes. GO TO QUESTIONS 7, 8 AND 9
7. Enter the number of individuals with on-going premium pymts: _____
8. How many individuals applied for the AHIP this quarter?: _____

 How many AHIP cases were: approved?: _____, denied?: _____, pending?: _____
9. Were any health insurance premiums paid for AHIP participants during this reporting period?

 _____ No. END OF REPORT _____ Yes. GO TO QUESTION 9
10. What was the total dollar amount of these payments? \$ _____
11. Please indicate the actual number of individuals who had premiums paid during this quarter (include on-going payments) _____
12. Please indicate the total months of eligibility or average months of eligibility for individuals who had premiums paid this quarter _____

PLEASE SUBMIT THIS REPORT ACCORDING TO THE FOLLOWING SCHEDULE:

<u>Reporting Period</u>	<u>Due Date</u>	<u>Reporting Period</u>	<u>Due Date</u>
January 1-March 31	May 15	July 1-September 30	November 15
April 1-June 30	August 15	October 1-December 31	February 15*

*of the following year

Submit each report by mail, telefax or electronically to:

Frederick M. Perkins
 New York State Department of Health
 Office of Medicaid Management
 1 Commerce Plaza
 P.O. Box 118
 Albany, NY 12260-0118

Phone: (518) 486-5870
Fax: (518) 486-6984
WMS User ID: 89D210 for
 electronic submissions

Local Dept. Of Social Services AIDS Health Insurance Contacts

<u>County Name</u>	<u>Contact</u>	<u>County Name</u>	<u>Contact</u>
Albany	01 Stephen VanBuren	Nassau	28 Margaret Polikoff Assistant Dir MA Undercare
Allegany	02 Debbie Cook Sr. Clerk	Niagara	29 Karen Tooke
Broome	03 Cindy L. Nord Head Examiner MA/FS	Oneida	30 Barbara Dolan Prinipal SWE
Cattaraugus	04 John Ostergard Sr. Acct. Clk	Onondaga	31 Stephanie Wallace I.M. Supervisor II
Cayuga	05 M.E. Willis Barbara Komarisky Sr. Acct. Clerk	Ontario	32 Arlene Coons 11/97
Chautaugua	06 Alice Yochim Prncpl. Act.Clk.Tpst.	Orange	33 Charlotte Wilkin
Chemung	07 James VanGalder DSS Fiscal Mgr.	Orleans	34 Leatha Martin Taber Princ.SWE Arlene A. Coons
Chenango	08 Sandra Cleveland Princ. SWE.	Oswego	35 Janis Wood Senior Clerk
Clinton	09 Loraine Dominy	Otsego	36 Suzanne Barrett
Columbia	10 Patricia Shook Princ. SWE.	Putnam	37 JoEllen McLaughlin
Cortland	11 Joanne Lower SWE	Rensselaer	38 M. Chris Reo
Delaware	12 Cathy Balcom Principal W.E.	Rockland	39 Susan Costello
Dutchess	13 Tammy L. Chenevert TPR Specialist Deborah Bickford TPR Specialist	St.Lawrence	40 Karen Caster

Local Dept. Of Social Services AIDS Health Insurance Contacts

<u>County Name</u>		<u>Contact</u>	<u>County Name</u>		<u>Contact</u>
Erie	14	Thomas L. Lauria Sr. Spec. Invest.	Saratoga	41	Cristin M. Carter Medical Srvc. Clerk
Essex	15	Loretta Reynolds	Schenectady	42	A. Gregoire
Franklin	16	Sue Robideau Dir. of Fin. Asst	Schoharie	43	Stephanie Remmers Sr. SWE
Fulton	17	Robin Benedict SWE/TP/Man.Care	Schuyler	44	Francis Gingrich
Genesee	18	Carol Rowcliffe Insurance Clerk	Seneca	45	Rose Giovannini
Greene	19	Pat Bagley Sr. Clerk	Steuben	44	Janet Burritt Princ.SWE.
Hamilton	20	William Callanan MA.TPR Coordinator	Suffolk	47	Vivian Prince Supervisor TPI
Herkimer	21	Martha Meszler	Sullivan	48	Joan M. Buddenhagen
Jefferson	22	Mary Hampton	Tioga	49	Mary Ellen Middleton Princ.Welfare Exam.
Lewis	23	Roberta Zehr Medical Clerk	Tompkins	50	Mac Benford
Livingston	24	Brenda Haywood	Ulster	51	Megan Welch
Madison	25	Bonnie Walter Resource Assistant	Warren	52	Kathy Haskell
Monroe	26	Joyce Toner	Washington	53	Carolyn Thomas
Montgomery	27	Linda Bare Dir. of Fin.Mngmt.	Wayne	54	Andrea Meyer
NYC	66	Kevin Robinson Floyd Martin PAAIII	Westchester	55	Cathy Cookman Program Specialist
			Wyoming	56	Catherine Huff Dir. of Soc. Serv.
			Yates	57	Sharon Swarts Sr. SWE

Last Updated: February 11, 1998