NEW YORK STATE
DEPARTMENT OF SOCIAL SERVICES
40 NORTH PEARL STREET, ALBANY, NEW YORK 12243-0001

MARY JO BANE
Commissioner

(518) 474-9475

LOCAL COMMISSIONERS MEMORANDUM

Transmittal No: 92 LCM-141

Date: September 11, 1992

Division: Medical Assistance

TO: **Local District Commissioners**

SUBJECT: Implementation Plan for a Partially-Capitated Medicaid Managed Care Provider

ATTACHMENTS: Implementation Plan and Guidelines
(Attachment is not available on-line.)

Attached is the Implementation Plan and Guidelines for a Partially-Capitated Medicaid Managed Care Provider (MMCP). Included is a description of the rate methodology and partial capitation rates for Article 28 diagnostic and treatment centers (D&TCs) and hospital outpatient department (OPD) clinics, as well as proposed capitation rates for physician-based MMCPs.

Each potential MMCP will be required to submit an Implementation Plan to the LDSS. The LDSS will then forward these Implementation Plans to SDSS for review and approval.

If you have any questions, feel free to contact Robert Lass at (518) 473-0885, or your County Managed Care Representative at (518) 473-5957.

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

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