

MLTC/PRU COVER SHEET



HCSP-3047a 01/26/2015

**Home Care Services Program
Centralized Medicaid Eligibility Unit
785 Atlantic Avenue, 7th Floor
Brooklyn, New York 11238**

DATE: _____

PLAN NAME: _____

CONTACT NAME: _____

Tel 929-221-2427

Fax 718-636-7848

CONSUMER NAME: _____ CIN: _____

SOCIAL SECURITY # _____
(Last four digits only)

MLTC PROVIDER RELATIONS UNIT

You MUST indicate a requested action:

- RVI-3 Conversion – Supplement A (DOH-4495A) and resource documents required
- Community surplus conversion request
- Re-link to plan
- Withdrawal
- Retroactive Disenrollment