

# MLTC/PRU COVER SHEET



HCSP-3047a 01/26/2015

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

DATE: \_\_\_\_\_

PLAN NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

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