

Medical Assistance Program (MAP)

MEDICAID ALERT

October 1, 2024

Important Notice from The Medical Assistance Program, NHED Provider Relations (NHED PR) - Email Inquiries Only Transitioning to MCS (Managed Care System)

The purpose of this Alert is to inform Residential Health Care Facilities (RHCFs), Intermediate Care Facilities (ICF), Managed Care Plans, Managed Long Term Care Plans, and organizations assisting consumers with applying/recertifying for Medicaid coverage nursing home level of care; that NHED Provider Relations will be transitioning from the current email format to the Managed Care System (MCS).

The MCS offers easy access to status updates regarding inquiries that are made to NHED Provider Relations.

Each provider and user must be enrolled in the MCS separately. Initially, NHED Provider Relations will approve and input new providers and users into the MCS. Once primary user enrollment is completed, the authorized user will receive an email notification from Data Security with instructions on how to access the system. Once a primary user has access, they can create secondary users for their provider group/users.

Please complete the attached spreadsheet with the information for the person who will be designated as the primary user for your organization. Upon completion, we ask that you return the completed spreadsheet to the NHED Provider Relations at nhedproviderrelations@hra.nyc.gov. The subject line of the email must include:

• NHED PR Transition to MCS System Enrollment

Please ensure that you complete and return the accompanying spreadsheet <u>before</u> October 23, 2024, to ensure a smooth transition to the new MCS system.

In the coming days, we will be working diligently to enroll new users and providers into this system. Until you are granted access to the MCS, please continue to email your inquiries to NHED Provider Relations at nhedproviderrelations@hra.nyc.gov.

PLEASE SHARE THIS ALERT WITH ALL APPROPRIATE STAFF

Provider Name			4 digits identifier									
	Provider Name	Provider ID First Name	Last Name	Email	(Phone or Ext)	Address Flo	r Roo	m City	State	Zipcode	Phone	Phone Ext
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