

Dear Provider,

You may have received letters in the mail indicating "Action Required by December 1, 2017". These letters relate to your participation with Managed Medicaid and Child Health Plus plans in New York.

The government has mandated that all practices who offer services to Medicaid beneficiaries in Managed Care plans participate in the State's Medicaid plan.

This affects Practices who treat Managed Medicaid beneficiaries, and Child Health Plus members.

Here are some important points

- Social Workers in NY cannot typically accept a Medicaid client who is not in a Managed Medicaid plan. Getting a Medicaid provider number doesn't mean that practices will be able to accept "Straight Medicaid".
- In order to apply for a Medicaid provider number, you must be a Medicare provider. It is a good idea for all practitioners to apply to be a Medicare provider if you have not already done so. With the aging population, you will want to be available to see Medicare beneficiaries who either keep "Straight Medicare" or who opt for a Medicare Managed Care plan.
- If you "opted out" of Medicare, you must wait until your 2 year opt out period ends before you can apply to join.
- If you haven't seen a Medicare patient in over a year, you should check your Medicare status to make sure you are still enrolled if you need to apply for a Medicaid number. It is easy to reactivate your Medicare enrollment.
- This mandate does not apply to LMHCs since they are not eligible to apply to become Medicare or Medicaid providers. You are exempt and will not lose your status with the Health Plans.

If this affects you, do start on this effort right away, as your Medicaid enrollment application must be in process by December 1, 2017.

If you are a billing customer of Health Assets, we can take care of your Medicare and/or Medicaid application to be sure you are in compliance. Please reply to this email or reach out to Patricia Werner, credentialing manager, pwerner@healthassets.com to begin the process. All my best,

Carmel

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