

To all OASAS programs:

- OASAS is seeking to coordinate the receipt of, and responses to, questions associated with the delivery of services through Medicaid managed care and commercial insurance companies.
- To ensure all questions are reviewed and responded to via the appropriate staff within OASAS we are requiring that all questions associated with the delivery of services through Medicaid managed care and commercial insurance companies be submitted to the following mailbox [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov).
- To facilitate complete and timely responses all submitted questions / concerns must minimally contain the information below.
- When submitting question please complete this form and submit the inquiry to [PICM@oasas.ny.gov](mailto:PICM@oasas.ny.gov). NOTE The “information” cells will expand to accommodate language.

ITEM	INFORMATION
<b>Date:</b>	
<b>Provider Name:</b>	
<b>OASAS Certification Program Type:</b>	
<b>Primary Area of Inquiry:</b> e.g. claims; prior authorization; network; contracts; internal / external appeals.	
<b>Involved Plan(s)</b>	
<b>Primary Plan contact that is working with the program on specific issue:</b>	
<b>Brief Summary of Initial Issue:</b>	
<b>Brief Summary of conversation(s) and resolution sought to date with Plan:</b>	