

Questions regarding Medicaid Managed Care

OMH is asking that all questions regarding Medicaid Managed Care be submitted to OMH-Managed-Care@omh.ny.gov. This will ensure that all questions related to Medicaid Managed Care coverage of Mental Health Services are reviewed and responded to by appropriate staff within OMH.

Please help us to better assist you by providing some basic information. You may copy and paste this form into your email.

BASIC INFORMATION	
Contact information: Your Name	
Telephone number	
Provider Agency Name:	
Program Type:	
Primary Area of Inquiry: (For example: claims; prior authorization; network; contracts; internal/external appeals.)	
The question, issue or concern: 	
Have you contacted another State Agency regarding this question, issue or concern?	
The other State Agency contact information (State Agency name, contact name, telephone number, email address, etc.)	
IF APPLICABLE, PLEASE ALSO INCLUDE THE FOLLOWING INFORMATION:	
Involved Plan(s)	
Do you participate in the plan's network?	
Primary Plan contact that is working with the program on specific issue:	
Brief Summary of conversation(s) and resolution sought to date with Plan: (For example: have you filed an appeal?)	

NOTE – DO NOT include any patient identifying information on this form, elsewhere in your email, in the email subject line or any attachments. Thank you.