**INSERT MANAGED CARE ORGANIZATION LETTERHEAD**

Dear (Insert Provider Name):

Federal law requires all Medicaid Managed Care network providers to enroll with State Medicaid programs by January 1, 2018. You have received this letter because (insert name of Managed Care Organization) has identified you as a network provider serving Medicaid eligible members, who is not currently enrolled in the D.C. Medicaid program. To continue participating in the (insert name of MCO) network, your enrollment in the D.C. Medicaid program must be completed by **January 1, 2018.** Even if you receive this letter from multiple Medicaid Managed Care plans, you only need to submit one D.C. Medicaid enrollment application. Please note that enrollment as D.C. Medicaid provider does not obligate you to accept Medicaid fee-for-service patients.

To enroll, you will need to complete D.C. Medicaid application electronically using the D.C. Department of Health Care Finance’s (DHCF) Provider Data Management System (PDMS). You can access PDMS at <https://www.dcpdms.com/Account/Login.aspx>. At this website, you will also find an enrollment guide entitled *How to Enroll in DC Medicaid Using the DC Provider Screening and Enrollment Web Portal*, available at <https://www.dcpdms.com/Documents/PDMS_HowToEnroll_User_Guide_v1.5_%207.14.2017.pdf>. Once you have logged into the PDMS website, please select the “Streamlined” application type, and then begin enrollment.

Your application must be completed in PDMS by **November 30, 2017**. If you have technical questions regarding PDMS, please contact the system vendor, MAXIMUS, at 1-844-218-9700, or by e-mail at dcprovider.registration@maximus.com. If you have questions about enrollment in the D.C. Medicaid Program in general, please contact the DHCF Department of Public and Private Provider Relations staff directly at (202) 698-2000.

Thank you for your attention and cooperation with this important initiative.

Sincerely,

(Insert Title and name of Managed Care Organization)