S**NF CONTACT UPDATE FORM**

**Provider Name:** Click here to enter text.

**CMS Certification Number (CCN):** Click here to enter text.

**Provider Phone Number:** Click here to enter text.

**There is a brief explanation of the requested contact types at the end of this form.**

**To ensure accuracy, please print clearly and enter a salutation, first name, last name, credentials, title, phone, fax and email for all contact types at your facility.**

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| --- | --- |
| **CEO/ADMINISTRATOR**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. | **MEDICAL RECORDS**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. |
| **MPRO LIAISON**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. | **MEDICAL DIRECTOR**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. |
| **HCQIP (QUALITY) CONTACT**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. | **INFORMATION TECH** **CONTACT**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. |
| **DIRECTOR OF NURSING**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. | **MDS DATA COORDINATOR**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. |
| **FAST-TRACK APPEALS CONTACT:**  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. | **SOCIAL WORK/DISCHARGE PLANNING**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. |
| **MARKETING/PR**:  Salutation: Mr./Mrs./Ms./Dr.  First Name: Click here to enter text.  Last Name: Click here to enter text.  Credentials: Click here to enter text.  Title: Click here to enter text.  Phone: Click here to enter text.  Fax: Click here to enter text.  E-mail: Click here to enter text. |  |

**HCQIP Contact:** The person in your facility who will work closely with the Health Care Quality Improvement Project Manager at MPRO.

**Hospital Discharge Appeals Contact (Fast-Track):** Primary contact for concurrent reviews or discharge notices for appeals.

**Information Technology Contact:** The provider designee for which concerns regarding information technology can be directed by MPRO information technology staff.

**MDS Data Coordinator:** CART Administrator, MDS Coordinator, Oasis Coordinator, etc.

**Medical Director:** The medical director for your facility.

**Medical Records Contact:** The provider designee for whom all requests for medical records should go to.

**Marketing/PR:** Marketing/Public Relations contact person.

**MPRO Liaison**: Person in your facility that will be the contact with MPRO staff. This person will receive all correspondence related to your facility. This correspondence includes: adverse determinations, approvals, administrative memoranda, and policy changes.

**CEO/Administrator Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fax to: (248) 465-7428, Attention: Toria Spencer**

**Mail to: MPRO, Attention: Toria Spencer, 22670 Haggerty Road, Ste. 100,**

**Farmington Hills, MI 48335**