**MA CONTACT UPDATE FORM**

**Health Plan Name:** Click here to enter text.

**Health Plan #:** Click here to enter text.

**Health Plan Phone Number:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text. **Zip:** 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 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. |
| **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. |
| **FAST TRACK APPEALS CONTACT (Monday-Friday)**: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. | **CASE MANAGER**: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. |

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| **FAST TRACK APPEALS CONTACT (Weekends and Holidays)**: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. |  |

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

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

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

**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, 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**