

Opioid Prescription Intervention™ Program Prescriber Feedback Response Form

The information in your OPI mailing packet is based on paid Medical Claims, including diagnosis and prescription drug claims submitted by pharmacies. IF you believe the information is in error, please indicate on this form and use the fax or e-mail information below to contact us. **You must also contact the pharmacy directly to correct this information, as we cannot resolve this issue for you.**

Please use this form to facilitate your response to information contained in your OPI mailing packet. We want to understand the patient-specific reasons for the drug therapy you have prescribed that is hitting the Quality Indicators™. You may alternately use the **Prescriber Summary Report** or a specific **Patient Profile Report** contained within the mailing to send comments, advise us of your follow-up actions, or inform us of some other opioid-responsive plan. You may also use this form to request a peer-to-peer consultation. Because of confidentiality considerations, you should use a separate feedback form for each patient response and only send communication via secure e-mail or fax. Make as many copies of the form as needed. We are working on mechanisms to help facilitate efficient provider responses to the OPI mailing packet.

Prescriber NPI and
 address on record:

Primary Specialty:

Peer-to-Peer Consultation Requested

*Provider Contact # and preferred time of day for call: _____

Patient Name and MO HealthNet ID	Quality Indicator™ (QI) <i>*use separate line for each</i>	Comments and/or Explanation <i>(use additional pages as necessary)</i>

Send ALL documentation via secure communication to:

Missouri Medicaid Audit and Compliance (MMAC) Unit
PO Box 6500
Jefferson City, MO 65102-6500
Fax: (573) 526-4375
E-Mail: MMAC.OPICompliance@dss.mo.gov