



MANAGED CARE PROVIDER REQUEST FOR INFORMATION

This form should be utilized after you have contacted the appropriate Managed Care (MC) health plan directly and are still needing assistance to resolve an issue.

In order to assist you, please complete this form and return to MHD.MCCommunications@dss.mo.gov. If your request requires additional information, a MHD MC Liaison will contact you via email or telephone. The expected turn-around time is ten working days. A response from either MHD or the MC health plan should be received within ten working days, unless otherwise advised. If you have not received a response from MHD or the MC health plan within ten working days, please send a follow up email requesting an update. For inquiries that affect services for a member, a response can be expected within 72 hours.

MC Health Plan Information

MC Health Plan <input type="checkbox"/> Healthy Blue <input type="checkbox"/> Home State Health <input type="checkbox"/> Show Me Healthy Kids <input type="checkbox"/> United HealthCare		Date MC Health Plan Contacted Regarding Issue
MC Dispute Reference Number (if applicable)		Name of MC Health Plan Staff Spoken With
Formal Appeal Filed with MC <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Appeal Filed	Appeal Determination <input type="checkbox"/> Denied <input type="checkbox"/> Overturned

Provider Information

Provider Name	NPI
Contact Person	Telephone Number
Email Address	Status with MC Health Plan <input type="checkbox"/> In Network <input type="checkbox"/> Out of Network

Participant Information

Participant Name	DCN/MHD ID Number	Date of Service
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Describe Issue

Return completed form to MHD.MCCommunications@dss.mo.gov