



HOSPITAL CONTACT FORM – UPDATES

MPN#: _____
Facility Name: _____
Address: _____
City, State, Zip: _____
Phone #: _____

Address Change: _____

Phone Change: _____

Please print clearly and **COMPLETE** all fields to ensure accuracy.

Please include mailing address for each contact if it is different from the facility address above.

CEO/ADMINISTRATOR: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____	MEDICAL RECORDS CONTACT: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____
CFO: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____	MEDICAL DIRECTOR: Dr/Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____
MPRO LIAISON: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____	DATA ABTRACTOR/COORDINATOR: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____
QUALITY IMPROVEMENT/HCQIP CONTACT: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____	MARKETING/PR: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____

<p>HOSPITAL DISCHARGES APPEALS CONTACT (Fast-Track): Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>	
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MPRO Liaison: Person in your facility who 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.

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

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

Medical Director: The medical director for your facility

Data Abstractor/Coordinator: The person in your facility responsible for data abstraction for CMS and JCAHO clinical/core measures.

Marketing/PR: Marketing/Public Relations contact person

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

CEO/Administrator Signature

Date

Please return within 15 days

FAX to: (248) 465-7428 ATTN: Lynn Samsel

Mail to: MPRO, ATTN: Lynn Samsel 22670 Haggerty Rd., Ste. 100, Farmington Hills, MI 48335