

SNF CONTACT FORM

Provider Name: _____

CMS Certification Number (CCN): _____

Provider Phone Number: _____

If any contact person below needs mail to be sent to an address other than the provider address please indicate in the blank spaces at bottom of next page. Thank you.

There is a brief explanation of the categories below at the end of this form.

To ensure accuracy, please print clearly and complete all fields.

<p>CEO/ADMINISTRATOR: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>	<p>MEDICAL RECORDS: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>
<p>MPRO LIAISON: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>	<p>MEDICAL DIRECTOR: Dr/Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>
<p>HCQIP (QUALITY) CONTACT: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>	<p>INFORMATION TECH CONTACT: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>
<p>DIRECTOR OF NURSING: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>	<p>MDS DATA COORDINATOR: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____</p>

FAST-TRACK APPEALS CONTACT: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____	SOCIAL WORK/DISCHARGE PLANNING: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____
MARKETING/PR: Mr/Mrs/Ms _____ Title: _____ Phone: _____ FAX: _____ E-mail: _____	

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

HOSPITAL DISCHARGES 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: Care 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 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.

PLEASE RETURN AGREEMENT TO TERMS PAGE AND CONTACT FORM WITHIN 30 DAYS

MPRO

22670 Haggerty Road, Ste. 100
Farmington Hills, MI 48335-2611

FAX: 248-465-7428