**In order for DMAS to assist you please provide the following information:**

1. **Provider Information – include all of the following:**

* Your Name
* Contact phone number and email and best time to reach you.
* Provider Name and NPI #

1. **MCO Information – include all of the following:**

* Health Plan: CCCPlus or Medallion 4
* MCO Name
* MCO contact with whom you attempted to resolve the issue (name, number, etc.)
* Date of Last MCO contact
* MCO response provided (please cut and paste the response)

1. **Member Information – Must be encrypted (under penalty of law)**

**Include all of the following:**

* Member Name, address, phone number
* 12 digit Medicaid ID number
* Date(s) of service
* Service name and related procedure code(s)

1. **Provide a brief description of the issue?**

* Examples of types of issues
  + Member access to care concern
  + Provider enrollment/credentialing
  + Service authorization
  + Claims denied or paid incorrectly
  + Safety or quality of care concern

1. **What is the outcome you are seeking? *(What is it that you are asking of DMAS?)*** Please know that your request may or may not be possible based on contractual obligations.