**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.