

Purpose of form

Form 02CB009E, Provider Communication, is a communication tool used to inform ADvantage Administration and/or other service providers of status changes or other pertinent information that may impact services for the member.

Instructions

To: Enter the name of the person/Agency to whom communication is to be sent.

From: Enter the name of the person/Agency sending the communication.

Member name: Enter the member's name as it appears on the Oklahoma Department of Human Services (OKDHS) case. (No nicknames.)

Last name; First name; Middle initial

Medicaid number: Enter the nine digit client ID # assigned by OKDHS.

County: Enter the member's county of residence.

Response/information: Check the appropriate box to indicate whether you are requesting a response or if the communication is for information purposes only.

STATUS CHANGE (IF APPLICABLE)

- Check the appropriate box to indicate whether services are to be suspended or resumed. Enter the date hospitalization, vacation, or nursing facility (NF) entry began or ended.
- Check the appropriate box to indicate the type of occurrence requiring the status change (hospital, vacation, temporary nursing facility placement, or other). If other is selected, specify type of occurrence.

REASON FOR STATUS CHANGE (MANDATORY)

- **Justification for change:** Enter the name of the hospital or nursing facility the member entered. If admitted to nursing facility as a result of a hospitalization, indicate reason for admission and anticipated length of stay.
- **If hospitalization or temporary nursing facility placement occurred, explain:** Describe what happened to cause the member to enter the hospital or nursing facility, such as diagnosis, symptoms, or procedures.

COMMENTS/OTHER

Enter any information that needs to be communicated to ADvantage Administration or other service providers regarding member services, such as address changes, change of phone number, or change of case manager.

DISTRIBUTION

- **Copy:** Enter name(s) of agency(s) to receive the form.
- **Submitted by:** Signature of person completing form.
- **Agency:** Enter the name of the agency completing the form.
- **Date:** Enter the form completion date.

Routing

Send a copy to other agencies as applicable.

To communicate with the *ADvantage* Administration Unit, send to:

ADvantage Administration, PO Box 50550, Tulsa, OK 74150-0550.