

Managed Care Plan Reporting Form

<u>Date:</u>	<u>Submitter Name:</u>
<u>Submitter Title:</u>	<u>Submitting Hospital/Facility:</u>
<u>Submitter Phone:</u> <u>Submitter Email:</u>	<u>Primary Health Plan (e.g., L.A. Care, Blue Cross):</u>
<u>Delegated Entity:</u> (e.g., medical group):	<u>Beneficiary Type:</u> Commercial Click here to submit report for Medicare Advantage MediCal Managed Care
<u>Service Requested:</u> e.g., admission to skilled nursing facility, transfer to another acute care facility, transfer to home, etc.	
<p><u>Summary of Issue:</u> (Check all that apply or check primary reason for delay)</p> <p>Plan Communication: no plan staff available to provide authorization on weekends</p> <p>Plan Communication: does not respond timely to provider messages/requests</p> <p>Delays in Prior Authorization - plan takes >72 hours to provide authorization</p> <p>Plan denies requested service as not a covered benefit</p> <p>No accepting in-network facility</p> <p>No accepting out-of-network facility</p> <p>Accepting out-of-network facility, but delay in plan approval or letter of agreement</p> <p>Other:</p>	
<u>Description:</u> Please provide a brief description. Do not include personal health information:	

For Commercial and Managed MediCal Plans, submit this completed form via email to: HospitalReporting@dmhc.ca.gov

Do not use this form for Medicare Advantage. For Medicare Advantage reporting only: [click here to submit an online report](#).