STATE OFFICE USE ONLY	PROVIDER IDENTIFIER:		EFF:	STATUS:
	PARM:	CLINIC/GROUP #:	END:	
	CROSS REF:		KEYED:	INITIALS:



DEPARTMENT OF SOCIAL SERVICES MISSOURI MEDICAID AUDIT AND COMPLIANCE MISSOURI MEDICAID REASSESSMENTS PROVIDER QUESTIONNAIRE

(PLEASE TYPE OR PRINT ALL FORMS IN BLACK INK)								
PROVIDER NAME AS LICENSED		STATE OFFICE USE ONLY						
PROVIDER ADDRESS AS LICENSED (do not use PO Box only)	CITY	COUNTY	STATE	ZIP				
PROVIDER ADDRESS AS LICENSED (do not use PO Box only)	CITT	COUNTY	STATE	CODE				
DROVIDED NAME, AS DESIGNEDED WITH THE IDS THAT MATCHES THE NILL	MDED ENTEDED IN FIELD 44	This information	iana sesili la a ses					
PROVIDER NAME, AS REGISTERED WITH THE IRS, THAT MATCHES THE NUMBER ENTERED IN FIELD 14 This information will be used for paper checks, remittance advices, and tax records. Indicate entity name and doing business as (DBA) name, if applicable.								
	, ,	••						
	DBA							
REMITTANCE ADVICE ADDRESS (do not use a bank address)	CITY	STATE	ZIP CODE					
NUMBER THAT MATCHES THE NAME IN FIELD 9 <u>AND</u> ENTER THE NUMBER								
NOWIDER THAT WATCHES THE NAME IN TILLE S AND ENTER THE NOWIDER								
☐ Social Security Number:								
Federal Employer Tax ID No - used for IRS reporting:								
BUSINESS TELEPHONE NUMBER (INCLUDE AREA CODE)	PROVIDER TYPE							
(-	27 REASSESS							
` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '								
TYPE OF PRACTICE								
☐ Individual ☐ Partnership ☐ Hospital-Based Physician ☐ Corporation								
☐ Charitable ☐ City, Municipal, County, District, State Owned ☐ Privately Owned/Sole Proprietor								
			•					
MEDICAID PROGRAMS CURRENTLY ENROLLED IN <u>AND</u> NPI								
☐ Personal Care (in-home services only) ☐ Aged &	Disabled Waiver							
NPI: NPI:	1	NPI:						
☐ Residential Care Facility – Personal Care ☐ Adult Day Care Waiver ☐ Independent Living Waiver								
NPI: NPI:	1	NPI:						
NATIONAL PROVIDER IDENTIFIER (NPI) FOR THIS APPLICATION. If using one	e NPI for multiple MO HealthNe	t provider prog	rams, the Pi	rovider				
Taxonomy Code that pertains to this application must also be entered. Visit https://nppes.cms.hhs.gov/NPPES/Welcome.do to apply for an NPI or								
http://www.wpc-edi.com/codes/taxonomy for a list of valid provider taxonomy codes	5.							
NPI: Taxonomy Code:								
Taxonomy Code.								
COMPLETE AND RETURN ALL FORMS TO								
Missouri Medicaid Audit and Compliance – Provider Enrollment Contracts Section								
Mailing Address: PO Box 6500, Jefferson City, MO 65102-6500								
Physical Address: 205 Jefferson Street, 2 nd Floor, Jefferson City, MO 65101								

FAX 573-634-3105

E-mail address: <u>mmac.ihscontracts@dss.mo.gov</u>

(10/2023)