

### Gap in Enrollment for Medicaid Managed Care Members

<b>Provider Section</b>		
Name of Provider	Contact Name	Phone Number
Name of Member	Medicaid No.	
Dates of Service From                      To	Claim Filed with MCO? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of MCO	Claim Denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for Denial		
<b>Operations Coordination Section</b>		
Date Received	Gap Confirmed <input type="checkbox"/> Yes <input type="checkbox"/> No	Gap Resolved <input type="checkbox"/> Yes <input type="checkbox"/> No
If not resolved, provide reason:		

This authorizes the MCO to reconcile claims for dates of services from \_\_\_\_\_ to \_\_\_\_\_ by \_\_\_\_\_ provider due to a temporary gap in managed care enrollment. Provider's claims must meet MCO claims requirements.

Date emailed to MCO	Estimated Risk Group
<b>MCO Section</b>	
Date Received	Claim Adjudicated On: