



MEDICAID MANAGED CARE REPORT DATE CHANGE REQUEST FORM

Directions: Please complete the following form if a report will be submitted past the reporting deadline indicated in the Reporting Calendar. Requests must be submitted five (5) business days before the report is due to EOHHS. Once completed, please email form to the Managed Care Director and report contact from Reporting Calendar with a CC to MCOOversight@ohhs.ri.gov. Forms may be rejected by EOHHS for any reason. EOHHS will respond if request has been accepted or rejected within three (3) business days.

Date Form Submitted:	_____
MCO Name:	_____
Person Submitting Form:	_____
Contact Phone Number	_____
Email Contact	_____

Report Name: _____

Original Submission Date: _____

Proposed New Date: _____

Reason for Date Change Request:

<p style="text-align: center;">DRAFT - Final Documents to be provided to awarded Contractor</p>

Request Approved: Yes No

OHHS Authorization – Name Date

OHHS Authorization – Signature Date