



# MEDICAID DISCLOSURE FORM

Revised: 12/12/2014

- My Practice**
- ▼ **My Authorizations**
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## medicaid disclosure ::

[Instructions & Definitions](#)

This application allows you to report information on Medicaid Disclosure.

*Italicized text* is defined in the Instructions & Definitions document.

Note: Medicaid disclosure information can be saved for completion at a later time or immediately submitted upon completion. Once the entire Medicaid disclosure form has been entered it should be submitted to Magellan by using the 'Submit' button located on the Summary page. Saved entries will be treated as pending until they are submitted.

Previously entered / submitted Medicaid disclosure forms will display below. Would you like to review that information, edit if necessary, and submit the form?

MIS	Submitted Date	
100000000	05/02/2014	<a href="#">Review</a>

[Create New](#)

The Medicaid Disclosure Form application allows users to submit their information online and will retain previously submitted forms. In the example shown above, a form has previously been submitted, so it's available for review/resubmission. In the case where no form has ever been submitted, only the 'Create New' button would display.

**My Practice**

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[Instructions & Definitions](#)

[Return to Disclosure Home Page](#)

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**Identity**

\* *Required Field*

### Identity

**Important:** If you see a drop-down menu under "Provider Identity" below, you **must** select the item that contains the Magellan MIS number (in parentheses) for which you are the contract owner and for which you received written notice. You may locate this MIS number on the enclosure to the letter Magellan sent you.

**Provider Identity: \***

987654321 COMPLETE CARE PROVIDER (100000000)

**Entity Type: \***

-- Select Entity Type --

**Save**

Users will begin by selecting their Entity type. Based on the one selected, different pages will be presented for the user to complete. The important thing to remember is that all required fields must be complete before proceeding to the next page.