



# Provider Adverse Action and Exclusion Reporting Form

**Notice to LRE should not be made prior to adverse action being taken. Complete all applicable sections and upload with all supporting documentation to your SharePoint folder.**

<b>Provider Details</b>			
Provider Name:		Identifier (select below):	
Phone #:		Email:	
Address			
Additional Provider Information:			
Provider Details:			
Provider Taxonomy(ies)			
<b>Provider Action Details</b>			
Type of Action:		Adverse action Reported to <b>HHS-OIG</b>	
Date Action Processed:		Effective Date (if applicable)	
<b>Details of Action Taken:</b> High-level overview of the action, including the source and rationale. Any communication(s) with the provider can also be documented here (i.e., notices or appeal rights). If the action is taken as a result of an audit, a timeline of events, including detailed findings and relevant communications and statements with dates/times, must be included here. If the action is taken as a result of enrollment/credentialing or re-credentialing, a timeline of events, including detailed requirements and relevant communications and statements with dates/times, must be included here.			
<b>Medicaid Violations:</b> Summarize and cite Medicaid policy violations here.			
<b>PIHP/Subcontractor Violations:</b> Summarize and cite PIHP and/or subcontractor's contract/policy violations here.			
<b>Other Violations</b> Summarize and cite any other statutes, rules, regulations, or law violations here.			
<b>Supporting Documentation</b>			
<i>Note: All attachments must be zipped and submitted with this form to MDHHS-OIG via secure File Transfer Protocol (sFTP).</i>			
Document/Exhibit Type	Label(s)	Document/Exhibit Title(s)	
Contract/Enrollment Agreement(s)			
Relevant Policies			
Documentation of Past Education			
Documentation of Past Reviews/Audits			
Documentation from LARA			



# Provider Adverse Action and Exclusion Reporting Form

Other Documentation		