

Enable editing and enable content for macros or the form will not work properly.

Provider Event Notification Form

Instructions: Complete this form in full. Email form to: **SUN_PQOC@CENTENE.COM** or Fax to: **1-844-940-0686**.

Include all the facts available after becoming aware of the member situation or outcome
and send to Risk Management as soon as possible.

Do **NOT** make copies of this form or attach to the member medical record

Remember to report all cases of suspected abuse, neglect or exploitation to APS/DCF: 1-800-96A-BUSE

Member's Information

☐ First Name: _____
☐ ID #: _____
☐ AHCA Region: _____
☐ Health Plan: _____

☐ Last Name: _____
☐ Member DOB: _____
☐ Age: _____
☐ Member Gender: _____

Event Information

☐ Date Event Occurred: _____
☐ Location of Event: _____
☐ Address of Event: _____
☐ Treatment Provided: _____

☐ Date Reported to Plan: _____
☐ Time Reported to Plan: _____

If other, enter here: _____

☐ Type of Event: _____

☐ If other: _____

☐ Location (at time of event): _____

☐ Description/Summary of Event (include specific details, any injury, outcome, hospitalization, ER visit, and name of hospital): _____

☐ Name of witness/witnesses if present & known: _____

☐ Follow Up (already completed and/or planned, interventions): _____

Provider Information

☐ Provider Name: _____

☐ Provider NPI: _____

☐ PCP Contact: _____

☐ Group NPI: _____

☐ Group Name: _____

☐ For Home Health Services: _____

☐ Name of Licensed Staff Involved: _____

Referral Source Information

☐ Form Completed By: _____

☐ Date Completed: _____

☐ Contact Number: _____

☐ Time Completed: _____

Hospitalization

☐ Hospital: _____

☐ City: _____

☐ ICD 10 Diagnosis: _____

☐ Admit Date: _____

☐ Discharge Date: _____

APS/DCF/Other Reporting

☐ Notified as appropriate: _____

☐ Was Case Accepted? _____

☐ Case ID #: _____

If other, enter here: _____

☐ Agent ID #: _____

Submittal Instructions

1. Sunshine Health MMA, LTC Non-HCBS related, Child Welfare, SMI, FLCMS, Ambetter and Wellcare member events, once the form is completed:

- a. Click the submit button below to automatically send the form to Risk Management, or

Submit to Risk Management

- b. Email the completed form to SUN_PQOC@centene.com.

Questions

- Monday – Friday 7:30 a.m. to 4:45 p.m. (Eastern)

Sun_PQOC@centene.com

If urgent contact: 1-844-667-4623 Quality/Risk Management

For Quality Only

☐ Date Received: _____

☐ Time Received: _____

☐ Form Reviewed By: _____

☐ Additional Notes (if needed): _____

☐ Meets PQOC Criteria: _____