

MEMBER ACTION REPORTING FORM

Please report all events or exclusions **within 48 hours** of knowledge. Use this form to report: **sentinel events, incarcerated members, and members to be excluded** from the MCO. Please post completed form to the FTP website at: <https://vammiis-filetransfer.com>

Reason for Action:

Sentinel Event	Incarcerated Member	Deceased Member (Non-sentinel)
Inpatient (Freestanding Psych or RTC)		Out-of-State

MCO Information (REQUIRED)	
MCO Name:	MCO Contact Person:
Contact Phone:	

Member Information (REQUIRED)	
Member Full Name:	Member Date of Birth:
Member Gender: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Female Male </div>	
Member Medicaid/FAMIS Plus ID#:	Member Social Security #:

For Incarcerated Members:	
Date of Incarceration (if known):	Date of Release (if known):
Facility Information	
Name:	
Address:	
Phone Number:	

For Members with Sentinel Event:	
Date of Sentinel Event:	
Cause of Death or Event Type:	Source of Sentinel Event Data:
Provider Information:	
Hospital Name:	
Primary Care Physician:	
Specialist Physician or Other Provider:	

For Members to be Excluded from MCO:
Reason for Exclusion:
Date Reported to DMAS: