SUBJECT: ATP Contractor Paperwork

**This letter is to inform you that you can no longer be involved with Department of Health and Human Services projects effective DATE.**

Your ineligibility is due to Section 6401of the Affordable Care Act which lists certain Medicaid provider screening and enrollment requirements that states must follow.  The requirements can be found in 42 CFR 455.414.

DHHS must deny or terminate from the Nebraska Medicaid any provider if:

Any person with a 5% or greater direct or indirect ownership interest in a provider does not submit timely or accurate information and cooperate with any screening methods.

As a result of not complying with our numerous requests to revalidate your paperwork, CONTRACTOR BUSINESS NAME is ineligible to be a Nebraska Medicaid provider.  If, in the future, you want to reinstate our partnership, please contact ATP STAFF by phone ###.###.####, or email [firstname.lastname@nebraska.gov](mailto:firstname.lastname@nebraska.gov).

You have the right to appeal this decision within 90 days of the date of this notice.  If you want to appeal this decision, you may submit a written request for a hearing to the Department of Health and Human Services: Legal Services – Hearing Section, PO Box 98914, Lincoln NE 68509-8914.  The request must identify the basis of the appeal.  At that time, you may submit documentation or written arguments against the denial.

If you have questions about this denial, please call ATP DIRECTOR at 402.471.0734.