|  |  |  |  |
| --- | --- | --- | --- |
| **State** |  | **Number of Full Suspensions** |  |
| **Date of Report** |  | **Number of Partial Suspensions** |  |
| **Reporting Period** |  | **Number of Referrals to Law Enforcement** |  |
|  |  |  |  |
| **State Contact**  |  |  |
|  | Name |  |
|  | Title |  |
|  | Office, Group, or Division |  |
|  | Address 1 |  |
|  | Address 2 |  |
|  | City |  |
|  | State |  |
|  | Zip Code |  |
|  | Telephone |  |
|  | Email |  |

|  |  |  |  |  |  |  |
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| **State** |  |  |  |  |  |  |
| **Date of Report** |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Nature of Credible Allegation(s) of Fraud** |  |  |  |  |  |
|  | 🞏 Billing Fraud🞏 Other  |  |  |
| **Basis for Suspension *Instructions*: Select the most appropriate option(s). The total number associated with each option selected should equal the number of provider payment suspensions imposed.** |  |  | **Total Number of Payment Suspensions** |  |  |  |
|  | 1. 🞏 Upcode/Overcharge Medicaid program for services rendered2. 🞏 Billing for services not rendered or performed3. 🞏 Billing for medically unnecessary services4. 🞏 Billing for Drugs: a. 🞏 unlicensed or unapproved drugs b. 🞏 brand-name drugs when generic drugs are prescribed c. 🞏 Short-filling prescriptions, but charging as if the full amount of the medication was dispensed5. 🞏 Unbundling – Using multiple billing codes instead of a single billing code in order to increase the reimbursement amount6. 🞏 Billing for services using stolen, deceased, or otherwise inappropriate provider and/or beneficiary identification number7. 🞏 Billing for unlicensed or excluded providers8. 🞏 Other |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total Number** |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  |  |
| **Number of Payment Suspensions Resolved****Number of Active Payment Suspensions**  |  |  |  |  |  |  |
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| **State** |  |  |  |  |  |  |
| **Date of Report** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Dollar Amount of All Payments** **Suspended** |  |  |  |  |  |
|  |  |  |  |
| **Number of Provider Appeals of Payment** **Suspensions** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Number of Payment Suspensions Lifted****as a Result of Provider Appeals and** **Total Dollar Amount Associated with the** **Payment Suspensions that were Lifted as** **a Result of the Provider Appeals** **Reported Above**  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Of all payment suspensions, were any providers terminated and/or excluded as a result of referral to law enforcement?**  | 🞏 Yes🞏 No  |  |  |  |  |
|  |  |  |  |
| **If yes, how many providers?** |  |
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| **State** |  |  |  |  |  |  |
| **Date of Report** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Good Cause Exercised (State exercised good cause to not suspend payments or partially suspend payments to providers)** | 🞏 Yes🞏 No *(do not complete the rem* 🞏 No *(If no, do not answer the remainder of the questions)* **If Yes**,  Number of cases with no payment suspension implemented  |  |  |  |  |
|  |  Number of existing payment suspensions discontinuedNumber of suspensions changedfrom full suspension to partial suspensions |  |  |  |  |
|  |  |  |  |  |  |
| **Nature of Good Cause Exercised** | 1. 🞏 Law enforcement2. 🞏 Suspension removed or partially imposed based upon submission of written evidence by the provider3. 🞏 Recipient access to items or services would be jeopardized, i.e., Individual or entity is sole community physician or sole source of essential specialized services, or serves a large number of recipients within a HRSA-designated medically underserved area4. 🞏 Law enforcement declines to certify that a matter continues to be under investigation5. 🞏 State determines that suspension is not in the best interests of the Medicaid program6. 🞏 Credible allegation of fraud focuses only on a specific type of claim or arises from a specific business unit of a provider and partial suspension ensures that potentially fraudulent claims were not continuing to be paid7. 🞏 State determines that suspension in part is in the best interests of the Medicaid program.8. 🞏 Other available remedies |  |  |  |  |
|  |  |  |  |  |  |  |

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