

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	

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. <input type="checkbox"/> Upcode/Overcharge Medicaid program for services rendered | <input type="text"/> |
| 2. <input type="checkbox"/> Billing for services not rendered or performed | <input type="text"/> |
| 3. <input type="checkbox"/> Billing for medically unnecessary services | <input type="text"/> |
| 4. <input type="checkbox"/> Billing for Drugs: | |
| a. <input type="checkbox"/> unlicensed or unapproved drugs | <input type="text"/> |
| b. <input type="checkbox"/> brand-name drugs when generic drugs are prescribed | <input type="text"/> |
| c. <input type="checkbox"/> Short-filling prescriptions, but charging as if the full amount of the medication was dispensed | <input type="text"/> |
| 5. <input type="checkbox"/> Unbundling - Using multiple billing codes instead of a single billing code in order to increase the reimbursement amount | <input type="text"/> |
| 6. <input type="checkbox"/> Billing for services using stolen, deceased, or otherwise inappropriate provider and/or beneficiary identification number | <input type="text"/> |
| 7. <input type="checkbox"/> Billing for unlicensed or excluded providers | <input type="text"/> |
| 8. <input type="checkbox"/> Other | <input type="text"/> |
| Total Number | <input type="text"/> |

Number of Payment Suspensions Resolved

Number of Active Payment Suspensions

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?

State		
Date of Report		

Good Cause Exercised Yes
 (State exercised good cause to not suspend payments or partially suspend payments to providers) 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 discontinued

Number of suspensions changed from full suspension to partial suspensions

Nature of Good Cause Exercised

1. Law enforcement
2. Suspension removed or partially imposed based upon submission of written evidence by the provider
3. 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 area
4. Law enforcement declines to certify that a matter continues to be under investigation
5. State determines that suspension is not in the best interests of the Medicaid program
6. 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 paid
7. State determines that suspension in part is in the best interests of the Medicaid program.
8. Other available remedies

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 . The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of

the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.