|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 rendered  2. 🞏 Billing for services not rendered or performed  3. 🞏 Billing for medically unnecessary services  4. 🞏 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 dispensed  5. 🞏 Unbundling – Using multiple billing codes instead of a single billing code in order to increase the reimbursement amount  6. 🞏 Billing for services using stolen, deceased, or otherwise inappropriate provider and/or beneficiary identification number  7. 🞏 Billing for unlicensed or excluded providers  8. 🞏 Other | | |  | |  | | |  | |  | |
|  |  | | |  | | |  |  | | | |  |
|  | **Total Number** | | |  | | |  |  | | | |  |
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|  |  | | | | | | | | | | | |
| **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 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 | |  |  |  |  |
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