

<b>State</b>		<b>Number of Full Suspensions</b>	
<b>Date of Report</b>		<b>Number of Partial Suspensions</b>	
<b>Reporting Period</b>		<b>Number of Referrals to Law Enforcement</b>	

<b>State Contact</b>	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

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**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"/> |
| <b>Total Number</b>   | <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?**

<b>State</b>		
<b>Date of Report</b>		

  

**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

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