

**Debarment Actions under the FEHB Program
for Providers Sanctioned by DHHS before 1/29/92**

For January 1, 200__ through December 31, 200__

FFS Plan** _____ Code _____

Check here if you took no debarment actions during this period (or complete form).

A. Before effective date of exclusion notice:

1. Initial notice [Letter "A" to Enrollee]

_____ a) Number of initial notices (i.e., no claim submitted yet) sent to enrollees

2. Exclusion notice [Letter "B" to Enrollee; Letter "C" to Provider]

_____ a) Number of exclusion notices sent to enrollees

_____ b) Number of exclusion notices sent to providers

_____ c) Number of claims paid after debarred providers identified but before effective date of exclusion notices

_____ d) Dollar amount of claims paid after debarred providers identified but before effective date of exclusion notices

B. After effective date of exclusion notice:

a) Claims denied [Letter "D" to Enrollee]

_____ 1) Number of non-payment notices sent to enrollees

_____ 2) Number of providers involved

_____ 3) Number of claims denied

_____ 4) Dollar amount of claims denied

b) Claims paid after effective date of exclusion notice (describe circumstances of payment separately)

_____ 1) Number of enrollees receiving payment

_____ 2) Number of providers involved

_____ 3) Number of claims paid

_____ 4) Dollar amount of claims paid

* Reporting period:
1/1 - 12/31 (due 3/31)

** HMO plans need not report
(Form revised 1/1/2002)

For each code, send to:
Office of Insurance Programs
Office of Personnel Management
1900 E Street, NW
Washington, DC 20415-3650