APPENDIX 12 – *Form for Submitting Semiannual Reports of Debarment and Suspension Activity to OIG*

FEHBP Carrier Debarment/Suspension Actions
(OPM/OIG Common Rule Debarments)

For the Period: _____

Instructions: Each Carrier should complete the Report below. For those Carriers that have multiple Plans within their umbrella, please summarize ALL activity (including Carrier and each Plan) on the Report below and complete Attachments I and II, as necessary. The totals on Attachment II should match the totals on this Report.

Carrier Name: _____
OPM Contract Number: _____

Carrier Point of Contact Information
Name: _____
Title: _____
Phone: _____
Email: _____

A. *After comparing the data on OPM's OIG secure website to your provider/claims database, please indicate:*

1. Number of OPM debarred/suspended providers identified.
   _____

2. For each provider identified above, please provide the following information on an attached spreadsheet:
   - Name
   - Address
   - Date of Birth
   - Social Security Number
   - Provider Number

3. Number of enrollees proactively notified of their association with an OPM debarred/suspended provider (future claims will not be paid by an experience-rated carrier or provider cannot be utilized for a community-rated carrier).
   _____

4. Please provide a brief summary of your policies and procedures for these proactive notifications. Please include the criteria for selecting the enrollee (i.e. they utilized the

provider within the last 2 years) and the time frame between identifying a debarred/suspended provider and the notification.

_____
_____
_____
_____
_____
_____
_____

5. After an enrollee has been proactively notified of the debarred/suspended provider do you still pay the first claim for that enrollee? If the answer is "it depends", please elaborate.

_____
_____
_____
_____

B. Please provide the following information relating to <u>after</u> the effective date of OPM's debarment/suspension:

1. Number of notices sent to enrollees.

   _____

2. Number of notices sent to debarred/suspended providers.

   _____

3. Number of claims denied (This question only applies to experience-rated carriers).

   _____

C. Please provide the following information regarding claims paid after the debarment/suspension date. Also, please describe the circumstances for each of the payments.

1. Number of enrollees receiving payment.

   _____

2. Number of providers receiving payment. Please make a notation on the spreadsheet (from question 2 in section A) of the total payments received per provider.

   _____

3. Number of claims paid.

   _____

4. Dollar amount of claims paid.

   _____

D. Please provide the following information regarding debarment/suspension notifications to OPM OIG's Administrative Sanctions Group.

1. Number of enrollee requests for exceptions to the scope of a provider's debarment. Please include the name of the providers for whom exceptions were requested; and provide the date of the Carrier's/Plan's analysis and recommendation to OPM OIG Administrative Sanctions Group.

   _____

2. Number of debarment/suspension case referrals. Please provide the name of the provider and the date of the referral.

   _____

Form for Submitting Semiannual Reports of Debarment and Suspension Activity to OIG

FEHBP Plan Debarment Actions
(OPM/OIG Common Rule Debarments)

For the Period: _____

Instructions: Every Plan should complete the Report below. The totals should match the individual Plan amounts reported on Attachment II.

Plan Name: _____
OPM Plan Code Number: _____

Plan Point of Contact Information
Name: _____
Title: _____
Phone: _____
Email: _____

A. *After comparing the data on OPM's OIG secure website to your provider/claims database, please indicate:*

1. Number of OPM debarred providers identified.
   _____

2. For each provider identified above, please provide the following information on an attached spreadsheet:
   - Name
   - Address
   - Date of Birth
   - Social Security Number
   - Provider Number

3. Number of enrollees proactively notified of their association with an OPM debarred provider (future claims will not be paid by an experience-rated carrier or provider cannot be utilized for a community-rated carrier).
   _____

4. Please provide a brief summary of your policies and procedures for these proactive notifications. Please include the criteria for selecting the enrollee (i.e. they utilized the provider within the last 2 years) and the time frame between identifying a debarred provider and the notification.

_____
_____
_____
_____
_____
_____
_____

5. After an enrollee has been proactively notified of the debarred provider do you still pay the first claim for that enrollee? If the answer is "it depends", please elaborate.

_____
_____
_____
_____

B. Please provide the following information relating to <u>after</u> the effective date of OPM's debarment:

1. Number of notices sent to enrollees.

   _____

2. Number of notices sent to debarred providers.

   _____

3. Number of claims denied (This question only applies to experience-rated carriers).

   _____

C. Please provide the following information regarding claims paid after the debarment date. Also, please describe the circumstances for each of the payments.

1. Number of enrollees receiving payment.

   _____

2. Number of providers receiving payment. Please make a notation on the spreadsheet (from question 2 in section A) of the total payments received per provider.

   _____

3. Number of claims paid.

   _____

4. Dollar amount of claims paid.

   _____

D. Please provide the following information regarding debarment/suspension notifications to OPM OIG's Administrative Sanctions Group.

1. Number of enrollee requests for exceptions to the scope of a provider's debarment. Please include the name of the providers for whom exceptions were requested; and provide the date of the Carrier's/Plan's analysis and recommendation to OPM OIG Administrative Sanctions Group.

   _____

2. Number of debarment/suspension case referrals. Please provide the name of the provider and the date of the referral.

   _____

Carrier Name: _____

FEHBP Carrier Debarment and Suspension Actions

For the Period: _____

Count	FEP Plan Name	OPM FEP Plan Code (one per row)	Name and Email of Plan Point of Contact (name of individual responsible for producing report data)	# of OPM Debarred/Suspended Providers Identified (Attachment I, Item A1)	# of Enrollees Proactively Notified (Attachment I, Report Item A3)	# of Notices to Enrollees (Attachment I, Item B1)	# of Notices to Debarred/Suspended Providers (Attachment I, Item B2)	# of Claims Denied (Attachment I, Item B3)	# of Enrollees Receiving Payments (Attachment I, Item C1)	# of Providers Receiving Payments (Attachment I, Item C2)	# of Claims Paid (Attachment I, Item C3)	Dollar Amount of Claims Paid (Attachment I, Item C4)
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
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29												
30												
31												
32												
33												
34												
35												
36												
37												
38												
39												
40												
			*Totals	0	0	0	0	0	0	0	0	0

**Column totals should equal the amounts reported on Appendix 12*