CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10910	**Date: August 10, 2021**
	Change Request 12385

SUBJECT: Updates to Exhibit 16 in Exhibits Chapter of Publication (Pub.) 100-08

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update Exhibit 16 in the Exhibits Chapter of Pub. 100-08. This update provides additional detail to the Payment Suspension Notices, of which provides providers/suppliers additional detail regarding a payment suspension and instructions on how to contact the contractor with questions regarding a payment suspension. This update ensures our contractors have the most recent guidance. This CR does not require Provider Education.

EFFECTIVE DATE: September 13, 2021
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: September 13, 2021

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	Exhibits/16/Model Payment Suspension Letters

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

Pub. 100-08	Transmittal: 10910	Date: August 10, 2021	Change Request: 12385

SUBJECT: Updates to Exhibit 16 in Exhibits Chapter of Publication (Pub.) 100-08

EFFECTIVE DATE: September 13, 2021
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IMPLEMENTATION DATE: September 13, 2021

I. GENERAL INFORMATION

A. Background: The CMS will make revisions to Exhibit 16 in the Exhibits chapter of Pub. 100-08 based on updates to the Unified Program Integrity Contractor (UPIC) and Investigations Medicare Drug Integrity Contractor processes.

B. Policy: This CR does not involve any legislative or regulatory policies.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME	Shared-System Maintainers				Other
		A	B	HHH	MAC	FISS	MCS	VMS	CWF	
12385.1	Contractors shall refer to the updated Exhibit 16 - Model Payment Suspension Letters in the Exhibits Chapter of Pub 100-08 when sending payment suspension notices to providers/suppliers.									UPICs

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	DME MAC	CEDI

		A	B	HHH		
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Jesse Havens, 4107866566 or jesse.havens@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Program Integrity Manual
Exhibits

Table of Contents
(Rev. 10910; Issued:08-10-21)

Exhibit 16 - Model Payment Suspension Letters

(Rev. 10910; Issued:08-10-21; Effective:09-13-21; Implementation: 09-13-21)

A. Payment Suspension Initial Notice Based on Fraud (No Prior Notice Given)

Date

Name of Addressee (if known)
Name of Medicare Provider/Supplier
Address
City, State Zip

Re: Notice of Suspension of Medicare Payments Provider/Supplier
Medicare ID Number(s):
Provider/Supplier NPI:
PSP Number:

Dear {Medicare Provider/Supplier's Name}:

The purpose of this letter is to notify you of our determination to suspend your Medicare payments {INSERT THE FOLLOWING IF THIS IS A NATIONAL PAYMENT SUSPENSION: in all jurisdictions} pursuant to 42 C.F.R. § 405.371(a)(2). The suspension of your Medicare payments took effect on {ENTER DATE}. Prior notice of this suspension was not provided, because giving prior notice would place additional Medicare funds at risk and hinder CMS's ability to recover any determined overpayment. *See 42 C.F.R. § 405.372(a)(3) and (4).*

The Centers for Medicare & Medicaid Services (CMS) through its Central Office made the decision to suspend your Medicare payments. See 42 C.F.R. § 405.372(a)(4)(iii). This suspension is based on credible allegations of fraud. *See* 42 C.F.R. § 405.371(a)(2). CMS regulations define credible allegations of fraud as an allegation from any source including, but not limited to, *fraud* hotline complaints, claims data mining, patterns identified through audits, civil false claims cases, and law enforcement investigations. *See 42 C.F.R. § 405.370(a).* Allegations are considered credible when they have indicia of reliability. *See* 42 C.F.R. § 405.370. This suspension may last until *resolution of the investigation* as defined under 42 C.F.R. § 405.370 and may be extended under certain circumstances. *See 42 C.F.R. § 405.372(d)(3).*

Specifically, the suspension of your Medicare payments is based on, but not limited to, information that you misrepresented services billed to the Medicare program. More particularly, {Continue with further supportive information and specific examples (no less than five). Only use claim numbers, Date of Service and amount paid when referencing the specific claim examples. Do Not use beneficiary names or HIC#s in the notice.}.

The following list of sample claims provide evidence of our findings and serve as a basis for the determination to suspend your Medicare payments:

Claim Control Number	Date(s) of Service	$$ Amount Paid

This list is not exhaustive or complete in any sense, as the investigation into this matter is continuing. The information is provided by way of example in order to furnish you with adequate notice of the basis for *this* payment suspension.

Pursuant to 42 C.F.R. § 405.372(b)(2), you have the right to submit a rebuttal statement in writing to us indicating why you believe the suspension should be removed. *If you opt to do*

so, we request that you submit this rebuttal statement to us within 15 days *of receipt of this notice, and you may* include with this statement any evidence you believe *supports* your reasons why the suspension should be removed. *If you choose to submit a rebuttal statement,* your rebuttal statement and any pertinent evidence should be sent to:

{YOUR NAME}, Program Integrity Analyst
{ADDRESS}

If you submit a rebuttal statement, we will review that statement (and any supporting documentation) along with other materials associated with the case. *Based on a careful review of the information you submit and all other relevant information known to us, we will determine whether the suspension should be removed, or should remain in effect within 15 days of receipt of the complete rebuttal package, consistent with 42 C.F.R. § 405.375.* However, the suspension of your Medicare funds will continue while your rebuttal package is being reviewed. *See 42 C.F.R. § 405.375(a).* Thereafter, we will notify you in writing of our determination to continue or remove the suspension and provide specific findings on the conditions upon which the suspension may be continued or removed, as well as an explanatory statement of the determination. *See* 42 C.F.R. § 405.375(b)(2). This determination is not *an initial determination and is not* appealable. *See* 42 C.F.R. § 405.375(c).

If the suspension is continued, we will review additional evidence during the suspension period to determine whether claims are payable and/or whether an overpayment exists and, if so, the amount of the overpayment. *See* 42 C.F.R. § 405.372(c). We may need to contact you with specific requests for further information. You will be informed of developments and will be promptly notified of any overpayment *determination(s).* Claims will continue to be processed during the suspension period, and you will be notified about bill/claim determinations, including appeal rights regarding any bills/claims that are denied. The payment suspension *also* applies to *claims in process.*

In the event that an overpayment is determined and it is determined that a recoupment of payments under 42 C.F.R. § 405.371(a)(3) should be put into effect, you will receive a separate written notice of the intention to recoup and the reasons. *Please be advised that CMS may charge interest on the amount of the overpayment, consistent with 42 C.F.R. § 405.378. In the written notice alerting you to the overpayment, you* will be given an opportunity for rebuttal in accordance with 42 C.F.R. § 405.374 from *{MAC name}.* When the payment suspension has been removed, any money withheld as a result of *the payment suspension* shall be *applied* first to reduce or eliminate *any* determined overpayment *by CMS or the MAC including any interest assessed under 42 C.F.R. § 405.378,* and then to reduce any other obligation to CMS or to the U.S. Department of Health and Human Services *(HHS)* in accordance with 42 C.F.R. § 405.372(e). In the absence of a legal requirement that the excess be paid to another entity, the excess will be released to you.

{Insert the following paragraph if prepayment review is being initiated} Finally, {Name of UPIC or MAC}, a CMS {Unified Program Integrity Contractor (UPIC) or Medicare Administrative Contractor (MAC)}, has initiated a process to review your Medicare claims and supporting documentation prior to payment. The purpose of implementing this prepayment process is to ensure that all payments made by the Medicare program are appropriate and consistent with Medicare rules, regulations and policy. The prepayment process is often applied to safeguard Medicare from unnecessary expenditures and to ensure that Medicare payments are made for items and services which are "reasonable and necessary" for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. *See 42 U.S.C. § 1395y(a)(1)(A).* Notification is hereby given that you are expected to comply with the prepayment process for claims for all dates and services.

Should you have any questions regarding the status of the suspension, please direct your inquiry to [shared mailbox]. Any request to remove the suspension must be submitted through the rebuttal process described above.

Sincerely,

Name

B. Payment Suspension Initial Notice Based on Fraud (Prior Notice Given)

Date

Name of Addressee (if known)
Name of Medicare Provider/Supplier
Address
City, State Zip

Re: Notice of Suspension of Medicare Payments
Provider/Supplier Medicare ID Number(s):
Provider/Supplier NPI:
PSP Number:

Dear {Medicare Provider/Supplier's Name}:

The purpose of this letter is to notify you of our determination to suspend your Medicare payments {INSERT THE FOLLOWING IF THIS IS A NATIONAL PAYMENT SUSPENSION: in all jurisdictions} pursuant to 42 C.F.R. § 405.371(a)(2). The suspension of your Medicare payments will take effect on {ENTER DATE}.

The Centers for Medicare & Medicaid Services (CMS) through its Central Office made the decision to suspend your Medicare payments. See 42 C.F.R. § 405.372(a)(4)(iii). This suspension is based on credible allegations of fraud. *See 42 C.F.R. § 405.371(a)(2).* CMS regulations define credible allegations of fraud as an allegation from any source including, but not limited to, *fraud* hotline complaints, claims data mining, patterns identified through audits, civil false claims cases, and law enforcement investigations. *Allegations are considered credible when they have indicia of reliability. See* 42 C.F.R. § 405.370. This suspension may last until *resolution of the investigation* as defined under 42 C.F.R. § 405.370 and may be extended under certain circumstances. *See 42 C.F.R. § 405.372(d)(3).*

Specifically, the suspension of your Medicare payments is based on, but not limited to, information that you misrepresented services billed to the Medicare program. More particularly, {Continue with further supportive information and specific examples (no less than five). Only use claim numbers, Date of Service and amount paid when referencing the specific claim examples. Do Not use beneficiary names or HIC#s in the notice.}.

The following list of sample claims provide evidence of our findings and serve as a basis for the determination to suspend your Medicare payments:

Claim Control Number	Date(s) of Service	$$ Amount Paid

This list is not exhaustive or complete in any sense, as the investigation into this matter is continuing. The information is provided by way of example in order to furnish you with adequate notice of the basis for *this* payment suspension.

Pursuant to 42 C.F.R. §§ 405.372(b)(2) and 405.374, you have the right to submit a rebuttal statement in writing to us within the next 15 days of receipt of this notice indicating why you believe the suspension should not be implemented or should be removed. If you opt to do so, you may include with this statement any evidence you believe is pertinent to your reasons why the suspension should not be implemented or should be removed. If you choose to submit a rebuttal statement, your rebuttal statement and supporting evidence should be sent to:

{YOUR NAME}, Program Integrity Analyst
{ADDRESS}

If you submit a rebuttal statement, we will review that statement (and any supporting documentation) along with other materials associated with the case. *Based on a careful review of the information you submit and all other relevant information known to us, we will determine whether the suspension should be implemented, removed, or should remain in effect within 15 days of receipt of the complete rebuttal package, consistent with 42 C.F.R. § 405.375.* Thereafter, we will notify you in writing of our determination to *implement,* continue, or remove the suspension and provide specific findings on the conditions upon which the suspension may be *implemented, continued, or removed, as well as an explanatory statement of the determination. See* 42 C.F.R. § 405.375(b)(2). However, if by the end of this period no rebuttal has been received, the payment suspension will go into effect automatically. This determination is not *an initial determination and is not appealable. See* 42 C.F.R. § 405.375(c).

If the suspension is *implemented or* continued, we will review additional evidence during the suspension period to determine whether claims are payable and/or whether an overpayment exists and, if so, the amount of the overpayment. *See* 42 C.F.R. § 405.372(c). We may need to contact you with specific requests for further information. You will be informed of developments and will be promptly notified of any overpayment determination. Claims will continue to be processed during the suspension period, and you will be notified about bill/claim determinations, including appeal rights regarding any bills/claims that are denied. The payment suspension applies to *claims in process.*

In the event that an overpayment is determined and it is determined that a recoupment of payments under 42 C.F.R. § 405.371(a)(3) should be put into effect, you will receive a separate written notice of the intention to recoup and the reasons. *Please be advised that CMS may charge interest on the amount of the overpayment, consistent with 42 C.F.R. § 405.378. In the written notice alerting you to the overpayment, you* will be given an opportunity for rebuttal in accordance with 42 C.F.R. § 405.374 from *{MAC name}.* When the payment suspension has been removed, any money withheld as a result of *the payment suspension* shall be *applied* first to reduce or eliminate *any* determined overpayment *by CMS or the MAC including any interest assessed under 42 C.F.R. § 405.378,* and then to reduce any other obligation to CMS or to the U.S. Department of Health and Human Services *(HHS)* in accordance with 42 C.F.R. § 405.372(e). In the absence of a legal requirement that the excess be paid to another entity, the excess will be released to you.

{Insert the following paragraph if prepayment review is being initiated} Finally, {Name of UPIC or MAC}, a CMS {Unified Program Integrity Contractor (UPIC) or Medicare Administrative Contractor (MAC)}, has initiated a process to review your Medicare claims and supporting documentation prior to payment. The purpose of implementing this prepayment process is to ensure that all payments made by the Medicare program are appropriate and consistent with Medicare rules, regulations and policy. The prepayment process is often applied to safeguard Medicare from unnecessary expenditures and to ensure that Medicare payments are made for items and services which are "reasonable and necessary" for the diagnosis or treatment of illness or injury or to improve the functioning of

a malformed body member. *See 42 U.S.C. § 1395y(a)(1)(A).* Notification is hereby given that you are expected to comply with the prepayment process for claims for all dates and services.

Should you have any questions regarding the status of the suspension, please direct your inquiry to [shared mailbox]. Any request to remove the suspension must be submitted through the rebuttal process described above.

Sincerely,

Name

C. Payment Suspension Initial Notice Based on Reliable Information (No Prior Notice Given)

Date

Name of Addressee (if known)
Name of Medicare Provider/Supplier
Address
City, State Zip

Re: Notice of Suspension of Medicare Payments
Provider/Supplier Medicare ID Number(s):
Provider/Supplier NPI:
PSP Number:

Dear {Medicare Provider/Supplier's Name}:

The purpose of this letter is to notify you of our determination to suspend your Medicare payments {INSERT THE FOLLOWING IF THIS IS A NATIONAL PAYMENT SUSPENSION: in all jurisdictions} pursuant to 42 C.F.R. § 405.371(a)(1). The suspension of your Medicare payments took effect on {ENTER DATE}. This payment suspension may last for up to 180 days from the effective date and may be extended under certain circumstances. *See* 42 C.F.R. § 405.372(d). Prior notice of this suspension was not provided, because giving prior notice would place additional Medicare funds at risk and hinder *CMS's* ability to recover any determined overpayment. *See* 42 C.F.R. § 405.372(a)(3) *and (4)*.

The Centers for Medicare & Medicaid Services (CMS) through its Central Office made the decision to suspend your Medicare payments. See 42 C.F.R. § 405.372(a)(4)(iii). The suspension of your Medicare payments is based on reliable information that an overpayment exists or that the payments to be made may not be correct. Specifically, the suspension of your Medicare payments is based on, but not limited to, information from claims data analysis and medical review completed by {NAME OF UPIC or MAC}. More particularly, {Continue with further supportive information and specific claim examples (no less than five). Only use claim numbers, Date of Service and amount paid when referencing the claim examples. Do Not use beneficiary names or HIC#s in the notice.*}*.

The following list of sample claims provide evidence of our findings and serve as a basis for the determination to suspend your Medicare payments:

Claim Control Number	Date(s) of Service	$$ Amount Paid

This list is not exhaustive or complete in any sense, as the investigation into this matter is continuing. The information is provided by way of example in order to furnish you with adequate notice of the basis for *this* payment suspension.

Pursuant to 42 C.F.R. § 405.372(b)(2), you have the right to submit a rebuttal statement in writing to us indicating why you believe the suspension should be removed. *If you opt to do so, we* request that you submit this rebuttal statement to us within 15 days *and you may* include with this statement any evidence *supporting* your reasons why the suspension should be removed. *If you choose to submit a rebuttal statement, your* rebuttal statement and any pertinent evidence should be sent to:

{YOUR NAME}, Program Integrity Analyst
{ADDRESS}

If you submit a rebuttal statement, we will review that statement (and any supporting documentation) along with other materials associated with the case. *Based on a careful review of the information you submit and all other relevant information known to us, we will determine whether the suspension should be removed or should remain in effect within 15 days of receipt of the complete rebuttal package, consistent with 42 C.F.R. § 405.375*. However, the suspension of your Medicare funds will continue while your rebuttal package is being reviewed. *See 42 C.F.R. § 405.375(a).* Thereafter, we will notify you in writing of our determination to continue or remove the suspension and provide specific findings on the conditions upon which the suspension may be continued or removed, as well as an explanatory statement of the determination. *See* 42 C.F.R. § 405.375(b)(2). This determination is not *an initial determination and is not* appealable. *See* 42 C.F.R. § 405.375(c).

If the suspension is continued, we will review additional evidence during the suspension period to determine whether claims are payable and/or whether an overpayment exists and, if so, the amount of the overpayment. *See* 42 C.F.R. § 405.372(c). We may need to contact you with specific requests for further information. You will be informed of developments and will be promptly notified of any overpayment determination. *We will continue to process claims* during the suspension period, and you will be notified about bill/claim determinations, including appeal rights regarding any bills/claims that are denied. The payment suspension *also* applies to *claims in process.*

In the event that an overpayment is determined and it is determined that a recoupment of payments under 42 C.F.R. § 405.371(a)(3) should be put into effect, you will receive a separate written notice of the intention to recoup and the reasons. *Please be advised that CMS may charge interest on the amount of the overpayment, consistent with 42 C.F.R. § 405.378. In the written notice alerting you to the overpayment, you* will be given an opportunity for rebuttal in accordance with 42 C.F.R. § 405.374 from *{MAC name}.* When the payment suspension has been removed, any money withheld as a result of *the payment suspension* shall be *applied* first to reduce or eliminate *any* determined overpayment *by CMS or the MAC including any interest assessed under 42 C.F.R. § 405.378,* and then to reduce any other obligation to CMS or to the U.S. Department of Health and Human Services *(HHS)* in accordance with 42 C.F.R. § 405.372(e). In the absence of a legal requirement that the excess be paid to another entity, the excess will be released to you.

{Insert the following paragraph if prepayment review is being initiated} Finally, {Name of UPIC or MAC}, a CMS {Unified Program Integrity Contractor (UPIC) or Medicare Administrative Contractor (MAC)}, has initiated a process to review your Medicare claims and supporting documentation prior to payment. The purpose of implementing this prepayment process is to ensure that all payments made by the Medicare program are appropriate and consistent with Medicare rules, regulations and policy. The prepayment process is often applied to safeguard Medicare from unnecessary expenditures and to ensure that Medicare payments are made for items and services which are "reasonable and necessary" for the diagnosis or treatment of illness or injury or to improve the functioning of

a malformed body member. *See 42 U.S.C. § 1395y(a)(1)(A).* Notification is hereby given that you are expected to comply with the prepayment process for claims for all dates and services.

Should you have any questions regarding the status of the suspension, please direct your inquiry to [shared mailbox]. Any request to remove the suspension must be submitted through the rebuttal process described above.

Sincerely,

Name

D. Payment Suspension Initial Notice Based on Reliable Information (Prior Notice Given)

Date

Name of Addressee (if known)
Name of Medicare Provider/Supplier
Address
City, State Zip

Re: Notice of Suspension of Medicare Payments
Provider/Supplier Medicare ID Number(s):
Provider/Supplier NPI:
PSP Number:

Dear {Medicare Provider/Supplier's Name}:

The purpose of this letter is to notify you of our determination to suspend your Medicare payments {INSERT THE FOLLOWING IF THIS IS A NATIONAL PAYMENT SUSPENSION: in all jurisdictions} pursuant to 42 C.F.R. § 405.371(a)(1). The suspension of your Medicare payments will take effect on {ENTER DATE}. This payment suspension may last for up to 180 days from the effective date and may be extended under certain circumstances. *See* 42 C.F.R. § 405.372(d).

The Centers for Medicare & Medicaid Services (CMS) through its Central Office made the decision to suspend your Medicare payments. See 42 C.F.R. § 405.372(a)(4)(iii). The suspension of your Medicare payments is based on reliable information that an overpayment exists or that the payments to be made may not be correct. Specifically, the suspension of your Medicare payments is based on, but not limited to, information from claims data analysis and medical review completed by {NAME OF UPIC or MAC}. More particularly, {Continue with further supportive information and specific claim examples (no less than five). Only use claim numbers, Date of Service and amount paid when referencing the claim examples. Do Not use beneficiary names or HIC#s in the notice.}.

The following list of sample claims provide evidence of our findings and serve as a basis for the determination to suspend your Medicare payments:

Claim Control Number	Date(s) of Service	$$ Amount Paid

This list is not exhaustive or complete in any sense, as the investigation into this matter is continuing. The information is provided by way of example in order to furnish you with adequate notice of the basis for *this* payment suspension.

Pursuant to 42 C.F.R. §§ 405.372(b)(2) *and 405.374*, you have the right to submit a rebuttal statement in writing to us within the next 15 days indicating why you believe the suspension should *not be implemented or should* be removed. *If you opt to do so, you may* include with this statement any evidence you believe is pertinent to your reasons why the suspension should *not be implemented or should* be removed. *If you choose to submit a rebuttal statement, your* rebuttal statement and any pertinent evidence should be sent to:

{YOUR NAME}, Program Integrity Analyst
{ADDRESS}

If you submit a rebuttal statement, we will review that statement (and any supporting documentation) along with other materials associated with the case. Based on a careful review of the information you submit and all other relevant information known to us, we will determine whether the suspension should be *implemented,* removed, or should remain in effect within 15 days of receipt of the complete rebuttal package, *consistent with 42 C.F.R. § 405.375*. Thereafter, we will notify you in writing of our determination to *implement,* continue, or remove the suspension and provide specific findings on the conditions upon which the suspension may be *implemented,* continued, or removed, as well as an explanatory statement of the determination. *See* 42 C.F.R. § 405.375(b)(2). However, if by the end of this period no rebuttal has been received, the payment suspension will go into effect automatically. This determination is not *an initial determination and is not* appealable. *See 42 C.F.R. § 405.375(c).*

If the suspension is *implemented or* continued, we will review additional evidence during the suspension period to determine whether claims are payable and/or whether an overpayment exists and, if so, the amount of the overpayment. *See* 42 C.F.R. § 405.372(c). We may need to contact you with specific requests for further information. *We will inform you* of developments and will *promptly notify you* of any overpayment *determination(s).* Claims will continue to be processed during the suspension period, and you will be notified about bill/claim determinations, including appeal rights regarding any bills/claims that are denied. The payment suspension *also* applies to *claims in process.*

In the event that an overpayment is determined and it is determined that a recoupment of payments under 42 C.F.R. § 405.371(a)(3) should be put into effect, you will receive a separate written notice of the intention to recoup and the reasons. *Please be advised that CMS may charge interest on the amount of the overpayment, consistent with 42 C.F.R. § 405.378. In the written notice alerting you to the overpayment,* you will be given an opportunity for rebuttal in accordance with 42 C.F.R. § 405.374 from *{MAC name}*. When the payment suspension has been removed, any money withheld as a result of *the payment suspension* shall be *applied* first to reduce or eliminate *any* determined overpayment *by CMS or the MAC including any interest assessed under 42 C.F.R. § 405.378,* and then to reduce any other obligation to CMS or to the U.S. Department of Health and Human Services (HHS) in accordance with 42 C.F.R. § 405.372(e). In the absence of a legal requirement that the excess be paid to another entity, the excess will be released to you.

{Insert the following paragraph if prepayment review is being initiated} Finally, {Name of UPIC or MAC}, a CMS {Unified Program Integrity Contractor (UPIC) or Medicare Administrative Contractor (MAC)}, has initiated a process to review your Medicare claims and supporting documentation prior to payment. The purpose of implementing this prepayment process is to ensure that all payments made by the Medicare program are appropriate and consistent with Medicare rules, regulations and policy. The prepayment process is often applied to safeguard Medicare from unnecessary expenditures and to ensure that Medicare payments are made for items and services which are "reasonable and necessary" for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member. *See 42 U.S.C. § 1395y(a)(1)(A).* Notification is hereby given

that you are expected to comply with the prepayment process for claims for all dates and services.

Should you have any questions regarding the status of the suspension, please direct your inquiry to [shared mailbox]. Any request to remove the suspension must be submitted through the rebuttal process described above.

Sincerely,

Name

E. Reliable Information that an Overpayment Exists (RIO) Payment Suspension Extension Notice

Date

Name of Addressee (if known)
Name of Medicare Provider/Supplier
Address
City, State Zip

Re: Notice of Extension of Suspension of Medicare Payments
Provider/Supplier Medicare ID Number(s):
Provider/Supplier NPI:
PSP Number:

Dear {Medicare Provider/Supplier's Name}:

Please be advised that pursuant to 42 C.F.R. § 405.372(d), the Centers for Medicare & Medicaid Services (CMS) has directed {ENTER UPIC NAME} to continue the suspension of your Medicare payments for an additional 180 days effective {Enter Date that the payment suspension was to expire}.

The extension of your payment suspension applies to claims in process. We will continue to withhold your Medicare payments until an investigation of the circumstances has been completed in accordance with 42 C.F.R. § 405.372(d). When the payment suspension is terminated, any money withheld as a result of *the payment suspension* shall be applied first to reduce or eliminate *any* determined overpayment *by CMS or the MAC including any associated interest accrued pursuant to 42 C.F.R. § 405.378,* and then to reduce any other obligation to CMS or the U.S. Department of Health and Human Services *(HHS)*. *See* 42 C.F.R. § 405.372(e). In the absence of a legal requirement that the excess be paid to another entity, the remainder will be released to you.

Should you have any questions regarding the status of the suspension, please direct your inquiry to [shared mailbox].

Sincerely,

Name

F. Credible Allegation of Fraud (CAF) Payment Suspension Extension Notice

Date

Name of Addressee (if known)
Name of Medicare Provider/Supplier
Address
City, State Zip

Re: Notice of Extension of Suspension of Medicare Payments
Provider/Supplier Medicare ID Number(s):
Provider/Supplier NPI:
PSP Number:

Dear {Medicare Provider/Supplier's Name}:

Please be advised that pursuant to 42 C.F.R. § 405.371(b), the Centers for Medicare & Medicaid Services (CMS) has directed {ENTER UPIC NAME} to continue the suspension of your Medicare payments for an additional 180 days effective {Enter Date that the payment suspension was to expire}.

The continuation of your payment suspension applies to claims in process. We will continue to suspend your Medicare payments until an investigation of the circumstances has been completed in accordance with 42 C.F.R. § 405.372(c)(2). *When the payment suspension is terminated, any money withheld as a result of the payment suspension shall be applied first to reduce or eliminate any determined overpayment by CMS or the MAC including any interest assessed under 42 C.F.R. § 405.378, and then to reduce any other obligation to CMS or the U.S. Department of Health and Human Services (HHS). See* 42 C.F.R. § 405.372(e). In the absence of a legal requirement that the excess be paid to another entity, the *excess* will be released to you.

Should you have any questions regarding the status of the suspension, please direct your inquiry to [shared mailbox].

Sincerely,

Name

G. Payment Suspension Termination Notice

USE THIS LETTER IF SENDING PAYMENT SUSPENSION TERMINATION NOTICE TO *THE* PROVIDER'S/SUPPLIER'S ATTORNEY

Date

Name of Attorney
Address
City, State Zip

Re: Notice of Termination of Suspension of Medicare Payments
Provider/Supplier Medicare ID Number(s):
Provider/Supplier NPI:
Record Identifier(s):

Dear {Medicare Provider/Supplier Attorney's Name}:

The Centers for Medicare & Medicaid Services (CMS) has directed us to terminate the payment suspension in effect for Medicare payments to [provider] pursuant to 42 C.F.R. § 405.372(c). The provider was notified of the results of our review and the overpayment(s) we determined on [INSERT DATE]. The overpayment information was forwarded to [INSERT MAC] for further action. [insert MAC name] will issue the overpayment demand letter(s), along with information regarding the provider's appeal rights. Once the payment suspension is removed, any funds withheld as a result of *the payment suspension* shall be *applied* first to reduce or eliminate any overpayment *by CMS or the MAC including any associated interest accrued pursuant to 42 C.F.R. § 405.378* and then to reduce any *other* obligation to CMS or *the* U.S. Department of Health and Human Services *(HHS)* per 42 C.F.R. § 405.372(e). In the absence of a legal requirement that the excess be paid to another entity, the excess will be released to the provider.

Please be advised that this action to terminate the payment suspension should not be construed as any positive determination regarding the provider's Medicare billing *and is not* an indication of government approval of or acquiescence regarding the claims submitted. It does not relieve the provider of any civil or criminal liability, *and it does not* offer a defense to any further administrative, civil or criminal actions against the provider.

Sincerely,

Name

USE THIS LETTER IF SENDING PAYMENT SUSPENSION TERMINATION NOTICE TO THE PROVIDER/SUPPLIER

Date

Name of Addressee (if known)
Name of Medicare Provider/Supplier
Address
City, State Zip

Re: Notice of Termination of Suspension of Medicare Payments
Provider/Supplier Medicare ID Number(s):
Provider/Supplier NPI:
Record Identifier(s):

Dear {Medicare Provider/Supplier's Name}:

The Centers for Medicare & Medicaid Services (CMS) has directed us to terminate the payment suspension in effect for Medicare payments to [provider] pursuant to 42 C.F.R. § 405.372(c). You were notified of the results of our review and the overpayment(s) we determined on [INSERT DATE]. The overpayment information was forwarded to [INSERT MAC] for further action. [Insert MAC name] will issue the overpayment demand letter(s), along with information regarding your appeal rights. Once the payment suspension is removed, any funds withheld as a result of *the payment suspension shall be applied first* to reduce or eliminate any overpayment *by CMS or the MAC including any associated interest accrued pursuant to 42 C.F.R. § 405.378* and then to reduce any obligation to CMS or *the* U.S. Department of Health and Human Services (HHS) per 42 C.F.R. § 405.372(e). In the absence of a legal requirement that the excess be paid to another entity, the excess will be released to you.

Please be advised that this action to terminate the payment suspension should not be construed as any positive determination regarding your Medicare billing *and is not* an

indication of government approval of or acquiescence regarding the claims submitted. It does not relieve you of any civil or criminal liability, *and it does not* offer a defense to any further administrative, civil or criminal actions against you.

Sincerely,

Name