

**Template D — State War Room CMS Data Request**  
**State Medicaid Fraud War Room — State Data Request to CMS**

Requesting State: \_\_\_\_\_  
 State Medicaid Agency: \_\_\_\_\_  
 War Room Lead: \_\_\_\_\_  
 Date of Request: \_\_\_\_\_  
 Request Period (From / To): \_\_\_\_\_ / \_\_\_\_\_  
 CMS CPI Liaison Assigned: \_\_\_\_\_

**SECTION 1: CLAIMS DATA**

| <b>Data Element</b>                                                       | <b>Requested</b>         | <b>Provider<br/>NPI(s)/<br/>Population</b> | <b>Notes</b> |
|---------------------------------------------------------------------------|--------------------------|--------------------------------------------|--------------|
| Fee-for-service claims history (all service types)                        | <input type="checkbox"/> |                                            |              |
| Claims paid by service category (E&M, DME, home health, etc.)             | <input type="checkbox"/> |                                            |              |
| Claims denied or rejected, with denial reason codes                       | <input type="checkbox"/> |                                            |              |
| Duplicate claims or duplicate billing flags                               | <input type="checkbox"/> |                                            |              |
| Claims billed for deceased beneficiaries                                  | <input type="checkbox"/> |                                            |              |
| Claims billed for incarcerated beneficiaries                              | <input type="checkbox"/> |                                            |              |
| Claims billed for beneficiaries with conflicting enrollment dates         | <input type="checkbox"/> |                                            |              |
| Peer comparison / national outlier reports by provider type and specialty | <input type="checkbox"/> |                                            |              |
| Billing volume exceeding daily or hourly limits                           | <input type="checkbox"/> |                                            |              |
| Managed Care encounter data for specified providers                       | <input type="checkbox"/> |                                            |              |
| Medicare cross-reference claims data (dual eligibles)                     | <input type="checkbox"/> |                                            |              |
| Other (describe):                                                         | <input type="checkbox"/> |                                            |              |

**SECTION 2: PROVIDER ENROLLMENT AND REVOCATION DATA**

| <b>Data Element</b>                                       | <b>Requested</b>         | <b>Provider NPI(s)</b> | <b>Notes</b> |
|-----------------------------------------------------------|--------------------------|------------------------|--------------|
| Current enrollment status in federal systems              | <input type="checkbox"/> |                        |              |
| Enrollment application history (dates, status changes)    | <input type="checkbox"/> |                        |              |
| Prior Medicare or Medicaid revocations (any state)        | <input type="checkbox"/> |                        |              |
| Reason codes for prior revocations                        | <input type="checkbox"/> |                        |              |
| Re-enrollment attempts following revocation               | <input type="checkbox"/> |                        |              |
| Affiliated provider or group practice relationships       | <input type="checkbox"/> |                        |              |
| Ownership and managing control disclosures (CMS-855 data) | <input type="checkbox"/> |                        |              |
| Change of address or practice location history            | <input type="checkbox"/> |                        |              |
| Cross-state enrollment records                            | <input type="checkbox"/> |                        |              |
| Other (describe):                                         | <input type="checkbox"/> |                        |              |

**SECTION 3: PAYMENT SUSPENSION DATA**

| <b>Data Element</b>                                      | <b>Requested</b>         | <b>Provider NPI(s)</b> | <b>Notes</b> |
|----------------------------------------------------------|--------------------------|------------------------|--------------|
| Active payment suspensions in any state Medicaid program | <input type="checkbox"/> |                        |              |
| History of prior payment suspensions (all states)        | <input type="checkbox"/> |                        |              |
| Suspension basis / reason codes                          | <input type="checkbox"/> |                        |              |
| Suspension start and end dates                           | <input type="checkbox"/> |                        |              |
| Suspensions lifted — reason for lifting                  | <input type="checkbox"/> |                        |              |
| CMS-initiated payment holds or withholding actions       | <input type="checkbox"/> |                        |              |
| Prepayment review flags currently in effect              | <input type="checkbox"/> |                        |              |
| Other (describe):                                        | <input type="checkbox"/> |                        |              |

**SECTION 4: INVESTIGATIVE AND REFERRAL STATUS**

| <b>Data Element</b>                                           | <b>Requested</b>         | <b>Provider<br/>NPI(s)</b> | <b>Notes</b> |
|---------------------------------------------------------------|--------------------------|----------------------------|--------------|
| Active HHS-OIG investigations involving specified provider(s) | <input type="checkbox"/> |                            |              |
| Pending or completed CMS referrals to HHS-OIG                 | <input type="checkbox"/> |                            |              |
| Status of previously submitted exclusion referral packages    | <input type="checkbox"/> |                            |              |
| DOJ or federal prosecution status                             | <input type="checkbox"/> |                            |              |
| Deconfliction hold requests from federal partners             | <input type="checkbox"/> |                            |              |
| Other (describe):                                             | <input type="checkbox"/> |                            |              |

**SECTION 5: CERTIFICATION**

The requesting state certifies that the data requested above will be used solely for Medicaid program integrity purposes consistent with applicable federal and state law, including 42 CFR Part 455, and will be maintained in accordance with all applicable data use, privacy, and security requirements.

**War Room Lead Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Submit completed form to the CMS CPI Liaison. Retain a copy in the War Room records file.*