

Template E — Exclusion Referral Package
Exclusion Referral — State to CMS CPI / HHS-OIG OCIG

Referring State: _____
War Room Lead: _____
Date of Referral: _____

Provider Information

Provider Name: _____
NPI: _____
Medicaid ID: _____
Provider Type / Specialty: _____
Practice Address: _____
Estimated Amount Overbilled: _____
Period of Alleged Fraud: _____

Recommended Exclusion Authority

- ☐ SSA 1128(b)(6) — Excessive or unnecessary services (42 CFR 1001.701)
- ☐ SSA 1128(b)(7) — Fraud / false claims (42 CFR 1001.901, via SSA 1128A)

Summary of Evidence

Describe key fraud indicators, data sources, billing anomalies, and pattern findings. Attach full analytics output.

[Summary narrative]

Payment Status

- ☐ Payment suspension already in effect — Date entered: _____
- ☐ Payment suspension requested simultaneously with this referral
- ☐ No payment suspension — explanation: _____

MFCU Referral

- ☐ Transmitted — Date: _____
- ☐ Pending
- ☐ Not applicable — explanation: _____

War Room Lead Signature: _____ Date: _____

Attach: Full analytics output, claims data summary, and any corroborating documentation.