

PRIOR CONDUCT QUESTIONNAIRE

Confidential Information

ADDITIONAL QUESTIONS REGARDING PRIOR CONDUCT

All responses must be thorough and complete. If there is not sufficient space available for a response, you may attach additional sheets to this form. Failure to fully respond or to provide accurate and detailed information can result in a delay in the processing of your application or can result in the denial of your request for enrollment or reinstatement request.

Applicant Name: _____

New York State Provider ID #: _____ NPI #: _____

I. A. Prior Medicare History (Federal Program, Title XIX)

1. Have you ever been excluded, terminated and/or suspended by Medicare?

Yes _____ No _____

If yes:

(a) Date of exclusion, termination or suspension. _____

(b) Cause of exclusion, termination or suspension (you must be specific and provide full details).

(c) Were you reinstated? Yes _____ No _____

If yes, provide a copy of your reinstatement letter.

(d) Provide information and documentation of any corrective steps you have taken to demonstrate the causes that led to your exclusion, termination or suspension will not be repeated. (See reinstatement instructions with application for examples)

2. Have you ever been restricted by agreement or sanctioned by Medicare which did not result in a exclusion, termination or suspension?

Yes _____ No _____

(a) Identify date and type of action. _____

(b) Identify reason for restriction or sanction. _____

(c) Are you currently participating in Medicare without any restrictions or sanctions?

Yes _____ No _____

(d) Date the restriction or sanction ended? _____

B. Prior Medicaid History (State Program, Title XVIII)

1. Have you ever been excluded, terminated and/or suspended by Medicaid in any state?

Yes _____ No _____

If yes:

(a) Date of exclusion, termination or suspension. _____

(b) Cause of exclusion, termination or suspension (you must be specific and provide full details).

(c) Were you reinstated? Yes _____ No _____

If yes, provide a copy of your reinstatement letter.

(d) Provide information and documentation of any corrective steps you have taken to demonstrate the causes that led to your exclusion, termination or suspension will not be repeated. (See reinstatement instructions with application for examples)

2. Have you ever been denied enrollment by Medicaid in any state?

Yes _____ No _____

If yes:

(a) Identify state(s), date of denial and reason. _____

(b) Submit a copy of your denial letter.

3. Have you ever been restricted by agreement or sanctioned by Medicaid which did not result in an exclusion, termination or suspension?

Yes _____ No _____

(a) Identify date and type of action. _____

(b) Identify reason for restriction or sanction. _____

(c) Are you currently participating in Medicare without any restrictions or sanctions?

Yes _____ No _____

(d) Date the restriction or sanction ended? _____

II. A. 1. Have you ever been convicted of stealing from any federally or state funded Medicaid/Medicare Program? (Medicaid/Medicare Fraud)

Yes _____ No _____

If yes:

(a) What was the date and location of the conviction? _____

(b) What were the causes that resulted in the conviction? _____

(c) Provide a copy of your conviction papers.

(d) Are you currently on probation?

Yes _____ No _____

If yes, provide a copy of your probation papers and a current status report.

(e) Provide information and documentation of any corrective steps you have taken to demonstrate the causes that led to your conviction will not be repeated. (See reinstatement instructions with application for examples)

B. 1. Have you ever been convicted of public assistance or welfare fraud?

Yes _____ No _____

If yes:

(a) Identify the state and date of the conviction. _____

(b) What penalty was imposed as a result of the conviction? _____

C. 1. Have you ever been convicted of any crime relating to the furnishing of or billing for medical care, services or supplies or which is considered an offense involving fraud, theft, against public administration, or against public health and morals, other than previously listed on this form?

Yes _____ No _____

If yes:

(a) Identify the state(s) and date of conviction. _____

(b) What penalty was imposed as a result of the conviction? _____

III. A. 1. Has your medical license or registration ever been revoked and/or suspended in any state?

Yes _____ No _____

If yes:

(a) Identify the state(s) and the date of revocation and/or suspension. _____

(b) Identify the causes for the revocation and/or suspension. _____

(c) Has your license been restored? Yes _____ No _____

(d) Date your license was restored. _____

(e) Are you currently on probation? Yes _____ No _____

(f) Date you expect probation to end. _____

(g) Provide information and documentation of any corrective steps you have taken to demonstrate the causes that led to the revocation, termination or suspension of your medical license will not be repeated. (See reinstatement instructions with application for example)

B. 1. Has your medical license or registration ever been surrendered in any state?

Yes _____ No _____

If yes:

(a) Identify state(s) and date your license was surrendered. _____

(b) Identify the reason you surrendered your license. _____

(c) Date your license was re-issued. _____

C. 1. Has your license and/or registration ever been placed on probation or have you entered into any type of agreement by any licensing authority in any state?

Yes _____ No _____

If yes:

(a) Identify state(s) and date(s) of action. _____

(b) Identify reason for the action. _____

(c) List any restrictions placed on your license. _____

(d) If currently on probation, attach a letter which indicates you are currently in compliance with all terms of your probation.

IV. A. 1. Are there any pending proceedings that could result in any sanction in any state?
listed below: Yes _____ No _____

If yes:

(a) Identify all sanctions that may result from the pending action:

Medicare:

- _____ termination from Medicare
- _____ denial of enrollment by Medicare
- _____ suspension from Medicare
- _____ restriction by agreement from Medicare
- _____ conviction of Medicare fraud

Medicaid:

- _____ termination from Medicaid
- _____ denial of enrollment by Medicaid
- _____ suspension from Medicaid
- _____ restriction by agreement from Medicaid
- _____ conviction of Medicaid fraud

Other:

- _____ conviction for stealing
- _____ conviction for welfare fraud or public assistance fraud
- _____ license or registration revoked
- _____ license or registration suspended
- _____ license or registration surrendered
- _____ license or registration restricted by probation
- _____ license or registration restricted by agreement

B. 1. Expected date in which a decision should be rendered.

I certify that the answers provided are correct.

Full name (please print): _____
First Middle Last

Signature: _____

Date: _____