



**SANCTION REPORTING NOTIFICATION**  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MEDICAL SERVICES DIVISION  
SFN 1294 (3-2025)

Once a notification is sent to a provider regarding a sanction such as termination, suspension, exclusion (State or Federal) or placing a provider on review, the Fraud, Waste and Abuse Administrator must be notified. This form must be completed and emailed to [medicaidfraud@nd.gov](mailto:medicaidfraud@nd.gov) along with a copy of the sanction letter that was sent to the provider. This is to be done after the providers appeal period has been exhausted.

Provider Name (Last, First)		Provider Date of Birth	
Provider Business Name		EIN/TIN	
Provider NPI	Provider Medicaid Number		Provider Social Security Number
Provider Mailing Address	City	State	ZIP Code
Sanction Type (required)	Sanction Reason (required)	Specify Other Violation	
Sanction Source (required)	Specify Other Source	Sanction Imposed (required)	
Suspension Effective Date (If Suspended)	Was the Sanction due to a credible allegation of fraud? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Termination Effective Date	Exclusion Effective Date		
Was a sanction letter sent to the provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Sanction Letter Sent to Provider	Did the provider appeal the sanction or termination? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Result Of Appeal (If Applicable)			
Last Date for Appeal (required)	Was good cause exercised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount of Payments Paid Due To Good Cause	
Nature of Good Cause Reason			
Number of Claims In Suspense	Dollar Amount of Claims In Suspense		
Comments			

Add provider to ND Exclusions list? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments	
Add provider to DEX? <input type="checkbox"/> Yes <input type="checkbox"/> No      (Provider is to only be added to DEX when the State takes the action of termination and/or exclusion)	
Comments	

Submitted By	Job Title	Date

FWA Staff to Complete

Added to State Exclusions list? <input type="checkbox"/> Yes <input type="checkbox"/> No	Added to DEX? <input type="checkbox"/> Yes <input type="checkbox"/> No	Completed By	Date