|  |  |
| --- | --- |
| **DEPARTMENT OF HEALTH SERVICES**Office of the Inspector GeneralF-02296 (10/2019) | **STATE OF WISCONSIN** |
| medicaid fraud control elder abuse unit referral:Used in partnership with HMOs, MCOs, and IRIS |
| The Office of the Inspector General (OIG) and agencies representing health maintenance organizations (HMOs), Family Care managed care organizations (MCOs), and IRIS (Include, Respect, I Self-Direct) will collaborate to complete this referral form whenever a credible allegation of fraud is suspected.The personally identifiable information collected on this form helps ensure the correct individual is being referred to the Medicaid Fraud Control Elder Abuse Unit for a credible allegation of fraud. This information will not be used for any purpose other than to ensure the identity of the referred individual.HMOs and MCOs should refer to the Medicaid Fraud Control Elder Abuse Unit Referral: Used in Partnership with HMOs and MCOs Instructions, [F-02296I](https://www.dhs.wisconsin.gov/forms/f02296i.pdf), for detailed instructions. The IRIS program should refer to the Medicaid Fraud Control Elder Abuse Unit Referral: Used in Partnership with IRIS Instructions, [F-02296II](https://www.dhs.wisconsin.gov/forms/f02296ii.pdf), for detailed instructions.OIG Case ID Number: Case Number |
| complainant information |
| 1. Date Reported to State |
| Choose Date |
| 2. Name – Complainant (Last, First) |
| Name |
| 3. Street Address |
| Street Address |
| City | State | Zip Code |
| City | State | Zip |
| 4. Phone Number (include area code) | 5. Email Address |
| Phone | Email |
| subject information |
| 6. Name – Agency |
| Agency |
| 7. Name – Subject (Last, First) |
| Subject |
| 8. Street Address |
| Street Address |
| City | State | Zip Code |
| City | State | Zip |
| 9. Phone Number (include area code) | 10. Email Address |
| Phone | Email |
| 11. Provider Identification Number | 12. Provider Type |
| Provider Identification Number | Provider Type |
| description of misconduct |
| 13. Centers for Medicare & Medicaid Services Category of Service |
| Category |
| 14. Date(s) of Conduct |
| Date(s) |
| 15. Reasons for Referral |
| Reasons |
| 16. Executive Summary |
| Summary |
| 17. Amount Paid to Provider During Past Three Years – HMO, MCO, IRIS |
| $Amount |
| 18. Amount Paid to Provider During Past Three Years – Fee-for-Service |
| $Amount |
| 19. Scope of Audit |
| Scope |
| 20. Medicaid Statutes, Rules, Regulations, or Policies Violated |
| Statutes/Rules/Regulations/Policies |
| Medicaid Statutes |
| [ ]  Wis. Stat. § 49.45 (3)(f) [ ]  Wis. Stat. § 49.49 (4m)[ ]  Wis. Stat. § 946.91 [ ]  Wis. Stat. § 49.485[ ]  Misappropriation of the person’s funds or property |
| DHS Rules, Regulations, and Policies |
| [ ]  Wis. Admin. Code ch. 105 [ ]  Wis. Admin. Code ch. 106[ ]  Wis. Admin. Code ch. 107 [ ]  DHS Handbook Provisions[ ]  Other, Specify: Other |
| case summary |
| 21. Background |
| Background |
| 22. Summary of Action Taken by the Program (Managed or Long-Term Care) |
| Summary |
| 23. Summary of Action Taken by OIG |
| Summary |
| 24. Exhibits |
| Exhibits |
| 25. Conclusion |
| Conclusion |
| PROVIDER TYPE INFORMATION |
| 26. Provider Type Summary |
| Summary |
| oig primary contact |
| 27. Name – OIG Contact (Last, First) |
| OIG Contact |
| 28. Phone Number (include area code) | 29. Email Address |
| Phone | Email |
| AGENCY PRIMARY CONTACT |
| 30. Name – Agency Contact (Last, First) |
| Agency Contact |
| 31. Phone Number (include area code) | 32. Email Address |
| Phone | Email |
| 33. Agency of Affiliation |
| Agency |