

**INSTRUCTIONS: MEDICAID FRAUD CONTROL ELDER ABUSE UNIT REFERRAL:
USED IN PARTNERSHIP WITH HMOs AND MCOs**

The Office of the Inspector General (OIG) and agencies representing health maintenance organizations (HMOs) and Family Care managed care organizations (MCOs) will collaborate to complete this referral form whenever a credible allegation of fraud is suspected.

INSTRUCTIONS

Prior to beginning this form, you should initiate a discussion concerning your potential credible allegation of fraud with your designated OIG representative to ensure a report to the Medicaid Fraud Control Elder Abuse Unit is the most appropriate course of action. You will be assigned a designated OIG representative when you send your notification email to the dhsoigmanagedcare@wisconsin.gov email address.

You will complete this form in collaboration with the designated OIG representative. The instructions for each section identify which sections are your responsibility and which sections the designated OIG representative will complete.

All questions regarding the Medicaid Fraud Control Elder Abuse Unit Referral form should be directed to the designated OIG representative at dhsoigmanagedcare@wisconsin.gov.

Submit your completed Medicaid Fraud Control Elder Abuse Unit Referral form by attaching it to an email sent to dhsoigmanagedcare@wisconsin.gov.

OIG Case ID Number: OIG will enter appropriate identification number for tracking the case.

COMPLAINANT INFORMATION (TO BE COMPLETED BY HMO AND MCO PARTNER AGENCY)

1. Date Reported to State

Enter the date you reported the case to the OIG hotline or portal.

2. Name – Complainant (Last, First)

Enter the first and last name of the person who made the initial report of fraud to you. This person may or may not be employed by your agency.

3. Street Address

Enter the complete street address, including city, state, and zip code, of the complainant.

4. Phone Number (include area code)

Enter the complete phone number of the complainant.

5. Email Address

Enter the email address of the complainant.

SUBJECT INFORMATION

6. Name – Agency

Enter the name of the agency that employs the individual suspected of committing fraud.

7. Name – Subject (Last, First)

Enter the name of the individual suspected of committing fraud. If there are multiple subjects, please enter information regarding the primary suspect in this section. Information for additional subjects should be documented in section 22.

8. Street Address

Enter the complete street address, including city, state, and zip code, of the subject.

9. Phone Number (include area code)

Enter the complete phone number of the subject.

10. Email Address

Enter the email address of the subject, if known.

11. Provider Identification Number

Enter the provider identification number for the subject. Enter “NA” if the subject does not have a provider identification number.

12. Provider Type

Enter the provider type. Examples include physician, supportive home care agency, adult family home, pharmacist, or laboratory.

DESCRIPTION OF MISCONDUCT

13. Centers for Medicare & Medicaid Services Category of Service

OIG will enter the Centers for Medicare & Medicaid Services category.

14. Dates of Conduct

You will enter the appropriate date(s) of conduct. OIG may modify this date based on additional information.

15. Reasons for Referral

You will enter the reasons for referral. OIG may modify your response based on additional information.

16. Executive Summary

You will write an executive summary that provides a high level overview of the fraudulent activity. OIG may modify your response based on additional information.

17. Amount Paid to Provider During the Past Three Years – HMO, MCO

OIG will collaborate with you to identify the accurate amount paid.

18. Amount Paid to Provider During Past Three Years – Fee-for-Service

OIG will enter this amount.

19. Scope of Audit

OIG will collaborate with you to identify the time period covered in your audit, if applicable. This section will be left blank if no audit was conducted.

20. Medicaid Statutes, Rules, Regulations, or Policies Violated

OIG will check the appropriate boxes and provide additional citations when “Other, Specify:” is selected.

CASE SUMMARY

21. Background

OIG will enter a summary of the case, including any available information about audits completed by the OIG.

22. Summary of action taken by program

You will enter relevant details of action taken by the program—audit, fraud allegation review and assessment (FARA), or other investigative activities. When possible, this section should be completed by the HMO or MCO. OIG may edit for clarity.

The program representative should provide the following information in a paragraph format using complete sentences:

Paragraph 1: Information about allegations

- Date the allegation was reported
- Who reported the allegation and by what means

- The specifics of the allegations, including the names and roles of key individuals

Paragraph 2: Information collected during audit or investigation

- Description of steps taken by the program to determine whether the allegations were true
- Conclusion made as a result of the information collected
- Supporting facts and references to documentation supporting your findings

Paragraph 3: Brief description of action taken by program

Description of actions taken by the program to mitigate further risk of fraud, waste, or abuse

23. Summary of Action Taken by OIG

OIG will enter a summary of all activities that took place in response to the identified credible allegation of fraud.

24. Exhibits

OIG is responsible for the completion of this section; however, you must identify appropriate exhibits for submission and provide a copy to OIG. In this section on the form, you will enter the name of the document, for example, "2018 Audit Report," and a brief description of how each exhibit evidences fraud as it relates to the allegation. OIG will compile your exhibits and OIG's exhibits for attachment to the referral.

Examples of potential exhibits:

- Medical records, progress notes, prescriptions, orders
- Audit reports
- Witness statements, emails, or phone logs
- Recorded phone calls
- Police reports
- Timesheets or time portal logs
- Spreadsheets or other program-created documents that document fraud

Note: The aforementioned list is not all-inclusive. You may attach any document relevant to the referral.

The program representative should include a description of how each exhibit evidences fraud as it relates to the allegation.

OIG must include the following information in the exhibits for all referrals:

- Complaint information
- Ownership or organization information
- Compilation of all communications between the OIG and the provider
- Potential witnesses

25. Conclusion

OIG will enter a conclusion summarizing the reasons for referral and making the recommendation that the Medicaid Fraud Control Elder Abuse Unit accept the case for investigation. OIG will include in the summary whether the case is being referred as provider notice or as a credible allegation of fraud and state its intent to suspend payments.

PROVIDER TYPE INFORMATION

26. Provider Type Summary

OIG will enter the definition of the provider type from pre-established definitions.

OIG PRIMARY CONTACT

27. Name – OIG Contact (Last, First)

OIG will enter the name of the OIG representative who facilitated the completion of the form.

28. Phone Number (include area code)

OIG will enter the complete phone number of the OIG contact.

29. Email Address

OIG will enter the email address of the OIG contact.

AGENCY PRIMARY CONTACT

30. Name – Agency Contact (Last, First)

You will enter your name as the agency primary contact who facilitated the completion of the form.

31. Phone Number (include area code)

You will enter your complete phone number as the agency primary contact.

32. Email Address

You will enter your email address as the agency primary contact.

33. Agency of Affiliation

You will enter the name of your agency.