

# **Medicaid Fraud and Central Office Referral Processes**

## **What is Fraud**

There are many types of fraud. The Oregon Department of Human Services views fraud as:

- Wrongful deception intended to result in financial or personal gain.
- Deliberate deception to secure unfair gain.

Fraud can be perpetrated by consumers, family members, a consumer's representative and providers. In some cases, individuals applying for benefits will do so under false pretenses by:

- Exaggerating needs.
- "Check-splitting" with providers who they do not require to work.

The Department of Justice (DOJ), Medicaid Fraud Control Unit (MFCU) investigates cases of provider fraud and/or provider/consumer collusion fraud. DOJ will not investigate consumer only fraud.

The following are examples of cases that should be sent to DOJ. This is not an all-inclusive list:

- OR PTC DCI fraud (HCW has or is actively claiming time in PTC, but information received shows the provider is not working)
- Provider and consumer are colluding together to defraud the system.

## **DOJ Referral Process**

1. Talk with your manager or supervisor to determine if the case should be referred to the Department of Justice (DOJ), Medicaid Fraud Control Unit (MFCU).
2. If the decision is to refer the case to DOJ, do not take any action on the case. For example: do not stop authorizations. We do not want to alert the provider or consumer that fraud is suspected. The case should proceed as normal with no indication that the Department is aware of any active fraud.

3. Refer the case to DOJ with this referral [link](#).
4. DOJ will review the case and determine if the case is accepted or denied. DOJ will notify the local office of the decision.
5. If DOJ accepts the case, continue to take no actions on the case until DOJ directs such actions.
6. If DOJ declines the case, immediately take action to stop all fraud which may include stopping all authorizations and if appropriate, submit an [overpayment](#) to the Provider Relations Unit. In addition, submit a HCW Termination referral [ODHS 2680](#) along with all pertinent details and supporting documents to Central Office at: [HCW.Terminations@odhsoha.oregon.gov](mailto:HCW.Terminations@odhsoha.oregon.gov)

**NOTE:** Do not send a termination referral to Central Office and DOJ at the same time. Wait for DOJ to decline the case before referring to Central Office for possible termination of the homecare worker's provider number.

## Central Office

Central Office manages cases that DOJ declines as well as all other cases that are not submitted to DOJ. Please follow local office procedures when referring a case to Central Office. If you do not know your local office procedure, please seek guidance from your manager, supervisor or lead.

Examples of cases that should be sent directly to Central Office rather than DOJ include but are not limited to the following situations involving a provider:

- Has violated the requirement to maintain a drug-free workplace.
- Has an unacceptable background check.
- Demonstrates a lack of the skills, knowledge, and ability to adequately or safely perform the required work which includes the inability to comply with Electronic Visit Verification through the Oregon Provider Time Capture Direct Care Innovations system in OAR 411-031-0040(10)(b) and (c).
- Demonstrates a lack of the ability or willingness to maintain consumer-employer confidentiality.
- Creates an unwelcome nuisance to the workplace.

- Has been sanctioned or convicted of a criminal offense related to that individual's involvement in any program established under any public assistance program.
- Fails to perform the duties of a Mandatory Abuse Reporter. Homecare workers are mandatory abuse reporters and are required by state abuse statutes to report alleged abuse, ORS 419B.005(s).
- Has been excluded by the Health and Human Services, Office of Inspector General, from participation in Medicaid, Medicare, and all other federal health care programs.
- Fails to provide a tax identification number or Social Security number that matches the homecare worker's legal name, as verified by the Internal Revenue Service or Social Security Administration.
- Fails to inform the Department and their consumer-employer within 14 days of being arrested, cited, or convicted of any potentially disqualifying crime listed in OAR 125-007-0270.
- Falsifies information on an application or background check.
- Is terminated as a Personal Support Worker through the Office of Developmental Disabilities Services or Oregon Health Authority Health Systems Division and has an active Homecare Worker provider number; APD reserves the right to terminate the HCW's provider number based on the other agencies termination.
- Charges a consumer- employer or relative or representative of the consumer-employer, for any services regardless of if they are paid by the Department or by personal funds.
- Has had a provider number terminated by another state within the United States.
- Is an employee of Aging and People with Disabilities, Area Agency on Aging, the Office of Administrative Hearings, Oregon Health Authority Health Systems Division, Oregon Department of Human Services Background Check Unit, the Oregon Home Care Commission, or to a participant of the independent choices program, as defined in OAR 411-030-0100.
- Fails to complete training as required based on a previous Administrative Review of the homecare worker's provider enrollment number.
- Fails to adhere to the hourly cap after warning has been issued by the Department.

- Knowingly engages in activities that may result in exposure of an individual to the Coronavirus (COVID-19) or other communicable diseases.

## Central Office Referral Process

1. HCW termination referral (form 2680) and all supporting documents (examples: PTC information; narrations; pictures; APS case number; etc) must be emailed to: [HCW.Terminations@odhsoha.oregon.gov](mailto:HCW.Terminations@odhsoha.oregon.gov)
2. Central office reviews the HCW Termination referral and determines if the referral should be accepted or declined. The local office will be notified if the referral is accepted or declined.
3. If central office accepts a case, central office will start the administrative review process.
4. If central office declines a case, central office will explain why it was declined and provide additional information, if needed.
5. The administrative review process takes about 30 days. It could take longer if APS is investigating, or other circumstances require a case be left open longer.
6. The provider will receive an administrative review letter from central office that will provide a date and time to discuss the allegations. This date is normally two weeks after central office receives the termination referral from the local office.
7. An administrative review process could conclude with the following: no OAR violation occurred; training is needed; the HCW needs to be terminated.
8. Central office issues the outcome of the administrative review to the provider. Local office staff will receive a copy of the outcome and be responsible for EDMS'ing all documents received by central office.
9. If a provider is requested to do training, they will receive a letter with the training information and a date that the training needs to be completed. If the training is not completed by that date, central office may initiate a termination notice to the provider.
10. If a provider is issued a termination notice, the provider has 60 days to request a hearing. If the provider requests a timely hearing, the provider can continue working pending the final order from the administrative law judge. If the provider doesn't request a hearing, the provider number is terminated by a default order that is issued to the provider and a copy is emailed to the local office and the PTC support team.

11. If during the Administrative Review Process, it is determined that a provider needs to be terminated immediately, the provider will be issued an immediate suspension notice. The provider's number will be terminated immediately, and the local office will be provided with a copy of the termination notice. The provider can still request a hearing and has 90 days to request that hearing. However, the provider number remains terminated during the contested case proceedings. If the provider doesn't request a hearing, the original termination notice becomes a final order after 90 days.

**If you have any questions about this process, please email:**  
**[HCW.Terminations@odhsoha.oregon.gov](mailto:HCW.Terminations@odhsoha.oregon.gov)**