|  |  |
| --- | --- |
| Fiscal and Operations DivisionOffice of Program Integrity | **A picture containing water mill, wheel  Description automatically generated** |
|  |

Fraud, Waste and Abuse (FWA) Referral Submission Form

Submit this form to OHA’s Office of Program Integrity at OPI.Referrals@oha.oregon.gov and the DOJ Medicaid Fraud Control Unit at Medicaid.Fraud.Referral@doj.state.or.us.

# Referral information

|  |  |
| --- | --- |
| FWA detected date:       | Referral date:      |
| Other agencies you have reported to:      | Date(s) reported to other agencies:      |

# Complainant information

|  |  |
| --- | --- |
| Name:      | Title:      |
| Email:      | Phone number:      |
| Organization:       |

# Other contracting entity information

|  |
| --- |
| Name:      |
| Email:      | Phone number:      |
| Coordinated care organization (CCO) name:      | CCO Medicaid contract number:      |

# Provider information

|  |  |
| --- | --- |
| Name:      | National Provider Identifier:      |
| Oregon Medicaid ID:      | Tax Identification Number:      |

# Suspected FWA information: [*See referral guidelines and suggestions.*](https://www.cms.gov/files/document/mcpreferralguidelines011416pdf)

|  |  |
| --- | --- |
| Consumer name:as applicable | Consumer ID:as applicable |
| Allegation Summary:      |
| How you became aware of potential FWA:      |
| Additional notes and documents:      |
| Status of investigation/audit: | Suspected fraud? [What constitutes fraud?](https://www.doj.state.or.us/consumer-protection/sales-scams-fraud/medicaid-fraud/)  |
| Claims date range:From:       To:       | Initial financial exposure:      |