|  |  |
| --- | --- |
| Fiscal and Operations Division  Office 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](mailto:OPI.Referrals@oha.oregon.gov) and the DOJ Medicaid Fraud Control Unit at [Medicaid.Fraud.Referral@doj.state.or.us](mailto: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: |