



**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF INSPECTOR GENERAL
FRAUD REFERRAL FORM**



Referring MI Choice Waiver Agency:			
Agency Name:		Date of Referral:	
Referrer's Name:		Referrer's Title:	
Referrer's Phone #:		Referrer's Email:	
Referral Suspect:			
Suspect:	<input type="checkbox"/> PROVIDER	<input type="checkbox"/> MEMBER	<input type="checkbox"/> OTHER
If Provider:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> FACILITY	
Name(s):		NPI / Member #(s):	
Phone #(s):		Email(s):	
Address:		If Provider, Provider Type(s):	
If Facility, Owner Name		Alt / Owner Phone #:	
Any other identifying information:			
Referral Source:			
Source(s) of Referral:			
Complainant Name(s):		NPI / Member #(s):	
Phone #(s):		Email(s):	
Address:		If Member, DOB:	
Suspected Fraud Referral Details:			
Nature of complaint including, but not limited to, Type of Service:			
Factual explanation of suspected fraud/abuse:			
Medicaid statutes, rules, regulations, or policies violated:			
Dates of suspected fraud or abuse:			
Approximate range of dollars involved:			



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Supporting documentation of suspected fraud:	<p><i>Attach any and all documentation, data, or records obtained, reviewed, or relied on by the Contractor leading to the suspicion of fraud or abuse, including but not limited to:</i></p> <ul style="list-style-type: none"><i>⇒ Beneficiary/Patient files</i><i>⇒ Audit reports and findings</i><i>⇒ Medical necessity reviews (and the reviewing personnel)</i><i>⇒ Relevant fee schedules</i> <p><i>Label attachments 1-10, as applicable.</i></p> <p><i>All submissions must be zipped and submitted via the secure File Transfer Protocol (sFTP) to the MDHHS OIG area specific to your waiver agency.</i></p>
Action(s) taken against suspect:	<p><i>Document the status of the current audit.</i></p> <p><i>NOTE – Do not make a fraud complaint if corrective action has been taken against the suspect provider (e.g., recoupment, contract termination, prepayment review, etc.).</i></p>
Record Review Results:	
Describe record selection methodology:	<p><i>Include sample size and how the sample was selected (e.g., statistical vs non-statistical, judgmental sampling, etc.).</i></p>
Describe results of audit / record review:	
Interview Results:	
Summarize interviews or communication with suspect relating to suspected fraud:	<p><i>List all communications, chronologically, between the Mi Choice Waiver Agency and complainant, member and/or provider concerning the suspected fraud.</i></p>
Audit History:	
If provider, document suspect(s) prior audit history, communications with provider relating to past audits, and adverse action(s) taken:	