



Medicaid Fraud Referral Form

Link to - ["MFU General Information Sheet"](#) for instructions

Email to: Medicaid Fraud Unit

Email: medicaid.fraud.referral@doj.state.or.us
Sheen Wu, Attorney in Charge, Medicaid Fraud Unit
Attorney General Department of Justice
100 SW Market Street, Portland, OR 97201-5702
Direct Dial: 971-673-1992

CC to: Medicaid Long Term Care System Unit

Email: hcv.terminations@dhsosha.state.or.us

| | | | |
|----------|-------|--------|------------------|
| Date: | _____ | | |
| From: | _____ | Title: | _____ |
| Office: | _____ | Phone: | _____ |
| Address: | _____ | | |
| City: | _____ | State: | _____ ZIP: _____ |
| Email: | _____ | FAX: | _____ |

| | | | |
|-------------------------|--|-------------|----------------------|
| Facility/provider name: | _____ | Provider #: | _____ |
| Client name: | _____ | DOB: | _____ Prime #: _____ |
| Provider type: | <input type="checkbox"/> HCW <input type="checkbox"/> AFH/RAFH <input type="checkbox"/> NF <input type="checkbox"/> RCF <input type="checkbox"/> ALF <input type="checkbox"/> CRN <input type="checkbox"/> Special contract <input type="checkbox"/> Other: _____ | | |

Link to ["Referral Criteria Code Sheet"](#)

| | | | | | | | |
|---------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Basis for referral: | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E | <input type="checkbox"/> F | <input type="checkbox"/> G |
|---------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

| | |
|------------------------|-------|
| Summary of allegation: | _____ |
|------------------------|-------|

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|---|
| Please provide supporting documentation including but not limited to the following: <input type="checkbox"/> Final order <input type="checkbox"/> APS report (<i>witness page</i>) <input type="checkbox"/> Complaint letter <input type="checkbox"/> Termination notice <input type="checkbox"/> Police report <input type="checkbox"/> Other documents: _____ |
|---|

| | |
|---|----------------------------------|
| Response: | For Medicaid Fraud Unit use only |
| <input type="checkbox"/> Case accepted for prosecution <input type="checkbox"/> Case declined <input type="checkbox"/> See attachment | |

Medicaid Fraud Unit (MFU)

Referral criteria code sheet

The following referral criteria applies to all nursing facilities, adult foster homes, residential care facilities, assisted living facilities, homecare workers and other SPD-licensed/registered care providers:

- A. Allegations of **abuse and/or neglect** resulting in hospitalizations/ER visits, fracture(s), pressure sores, falls, and unexplained or unanticipated deaths.
- B. Allegations of **financial abuse** including theft and/or misappropriation of resident funds, property or medications.
- C. Allegations of **sexual abuse** as defined in the applicable administrative rules.
- D. Allegations of **theft, embezzlement** or **misappropriation** of Medicaid money.
- E. Allegations of **billing fraud** committed by providers paid with Medicaid money.
- F. All cases where SPD has **revoked a caregiver or facility's license**. *(These providers will be referred to the Federal government to be placed on the Office of Inspector General (OIG) exclusions database. See <https://oig.hhs.gov/exclusions> or more information.)*
- G. Medicaid fraud prosecution is not available for facilities that do not accept Medicaid money. However, the Medicaid Fraud Unit can prosecute these facilities under the Unfair Trade Practices Act (**UTPA**) if they advertise that they provide a certain level of care or a specific service and fail to provide that care or service. In order to prosecute these cases, the Attorney General must be given a copy of the facility's advertisements, brochures or contract in which they made specific promises in addition to other supporting documentation.

*With the exception of categories F and G, the remaining categories of allegations will be screened by the Department of Justice – Medicaid Fraud Unit (DOJ-MFU) for criminal prosecution. Criminal prosecution requires there is an identifiable suspect and that there is some evidence of criminal intent. Violations of administrative rules alone should be handled by DHS administratively. If there are questions whether a case should be referred to MFU please see the [MFU General Information Sheet](#) and /or call 971- 673-1926 to inquire.

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