Missouri Fraud, Waste, and Abuse Referral Form

MCO /MMAC Information	
Agency/Date	
Contact Person/#	
MCO/MMAC Case #	

Provider	
Provider/Entity Name/ Address	
Billing NPI (1 NPI per Referral) Tax ID	
Provider Type/Specialty	
Ownership/Licensing Status	

Complaint	
Source/Origination	
Allegation	
Date Reported to MCO	

Investigation	
Targeted Procedure Codes/Description	
Relevant statutes and regulations violated	List the **specific** statute(s), rules, regulations, CPT guidelines, or MCC policies violated in relation to the allegation.
Dates of Services Reviewed/Time period at issue	Must review the provider's payment history for the past 3 years, if available
Medical Record Type	Electronic and Hard copy

Findings	

Estimated Overpayment-Dollar for Dollar or extrapolated?	Code/Issue	Number of Records/Units with Error	Total Number Records/Units Reviewed	Actual Overpayment Identified	Sample Amount Reviewed	Estimated Extrapolated Overpayment
	Total					

Investigative Review Clinical Review Results Encounter Data	This is a summary of investigative actions taken and interviews conducted, Please attach supporting documentation and encounter data submitted by the provider.

Provider History	
Dates Contracted	
Disclosure Information	Ownership, control
Prior Education	
Prepayment Review History	