



# Utah Office of Inspector General

## Provider Referral Form

The [Utah Office of Inspector General \(UOIG\)](#) accepts information about potential fraud, waste, and abuse<sup>1</sup>, including mismanagement, of the Utah Medicaid program.

This form should be used by all provider types, including MCEs, to submit reports of suspected fraud, waste, and/or abuse of Medicaid resources. If you are not an employee of Medicaid-contracted Provider, please use the general UOIG Referral Form.

The information you provide will be reviewed promptly by a UOIG staff member. Due to the high volume of information received, the UOIG is unable to reply to all submissions, although our staff may contact you to request additional information.

Please provide as much information as you are able. We appreciate the information that you have provided. Once completed, please email this form to [MPI@utah.gov](mailto:MPI@utah.gov).

Date of Referral:

Person Referring:

Referent's Company:

Referent's Phone Number:

Referent's Email:

Medicaid Member Name:

Medicaid Member DOB:

Medicaid Member ID Number:

Medicaid Member SSN:

Medicaid Member Phone:

Medicaid Member Address:

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<sup>1</sup> Examples of Potential Provider Fraud, Waste, or Abuse: A doctor, hospital or health care professional billing for Medicaid services before the treatment is done or completed; Billing for patients who did not receive services by the provider, known as "phantom patients."; Billing for services that are not medically necessary or required by the patient; Billing for a higher level of service than was actually rendered by the provider, known as "up-coding."

Examples of Potential Recipient Fraud, Waste, or Abuse: Uses another Medicaid recipient's card with or without their knowledge; Loans a Medicaid ID card to other people; Uses more than one Medicaid identification card; Doctor shops to get multiple services or prescriptions; Forges or changes a prescription; Does not use items received through the Medicaid program as intended; Sells medical items and supplies for profit; Asks for and receives services or supplies that are not needed.

Name of Medicaid Provider:

Phone Number of Medicaid Provider:

Address of Medicaid Provider:

Medicaid Provider NPI Number:

Narrative of Complaint/Allegation:

Date or Date Range of Complaint/Allegation:

Service(s) Provided:

Codes Billed (CPT Codes, HCPCS, etc.):

Approximate Dollars involved:

MCE Determination/Outcome of Investigation, if applicable:

Documentation Attached:

Utah Office of Inspector General  
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