

Office of Program Integrity (OPI) Referral Form

ALLEGED VIOLATOR			
Subject's Name: (Rendering/Servicing/Prescribing Provider Name)	Provider Type	Rendering/Servicing/Prescribing NPI	
Subject/Provider Address	City	State	Zip
Pay-To Name (if Different)	Provider Type	Pay-To NPI (if Different)	
Subject/Individual's Name (if Different from Provider)	Subject/Individual's Job Position or Duties (if Applicable)		

SOURCE OF REFERRAL (OUTSIDE SOURCE)			
Source Name/Origin of Complaint			Date Reported to OPI
Source Address	City	State	Zip
Source Phone	Source Email		

BMS PROGRAM CONTACT AND/OR BMS SOURCE OF REFERRAL	
Bureau for Medical Services Program Contact Name	BMS Contact Title
BMS Contact Phone	BMS Contact Email

ALLEGATION INFORMATION
Chronology of Events (Only applicable events) (Expand section of necessary)

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Factual Explanation of the Allegation	
Dates of Allegation	Type of Service (Code & Procedure Description)
Specific Medicaid Statutes, Rules, Regulations and/or Policies Allegedly Violated (Include web link)	

Are there any additional comments you wish to make or any additional information you wish to give about this referral?

Please attach copies of all relevant documents. This may include, but not be limited to: case history, file documents, provider enrollment documentation, notes of provider education/training, provider questions, and advisory bulletins and/or policy update announcements. Communication sources may be letters, emails and phone logs. If the amount of documentation is too great to be emailed, please mail to the address listed below.

Email a copy of this referral form and all attachments to the Office of Program Integrity.

Email: DHHRBMSMedicaidOPI@wv.gov

Bureau for Medical Services
Office of Program Integrity
350 Capitol Street, Room 251
Charleston, West Virginia 25301

Phone: (304) 558-1700 Fax: (304) 558-3498

OPI cannot comment on the status of any referral once received other than to acknowledge receipt of the referral.

All information regarding this referral will be treated as confidential within the Bureau for Medical Services.