

ACO Fraud, Waste, and Abuse (FWA) Referral

Step-by-Step Job Aid

STEP 1. Before You Begin

1. Confirm the concern involves Medicare Fraud, Waste, or Abuse (FWA).
 2. Gather available information:
 - Provider/supplier demographics (name, NPI, address, type)
 - Beneficiary information (name, MBI, dates of service)
 - Claims data, screenshots, audit findings, or emails
 3. Identify whether multiple providers and/or beneficiaries are involved.
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STEP 2 – Complete Section A: Reporting Party Information

1. Open the ACO FWA Referral Worksheet.
 - Note row 3 contains a sample entry.
 2. In “Organization Name”:
 - Enter the legal name of your organization (e.g., ACO Ground, ACO Health Systems).
 3. In “Point of Contact”:
 - Enter your full name or the designated contact for CMS follow-up.
 4. In “Phone #”:
 - Enter a direct telephone number for the Point of Contact (no main line# if avoidable).
 5. In “Email”:
 - Enter a monitored email address for follow-up questions.
 6. For “Docs”:
 - Select Y or N (Yes/No) from the drop-down menu, if you attach supporting files in the email (claims detail, reports, etc.). Use a file name that describes the contents, e.g., “John Q Public - Claims Data,” “John Q Public - Interview Transcript 11202025.”
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STEP 3 – Complete Section B: Subject of Report (Provider/Supplier)

1. In “Provider/Supplier Name”:
 - Enter the full legal name of the provider or supplier.
2. In “NPI”:
 - Enter the 10-digit NPI.
 - If unknown, search the NPI Registry (<https://npiregistry.cms.hhs.gov/search>).
3. In “State”:
 - Select the State where the provider or suppliers practice or business is located.
4. In “Telephone”:
 - Enter the provider/supplier’s phone number (office line).
5. In “Email”:
 - Enter the provider’s/supplier’s or office’s general contact email, if available.
6. In “Provider/Supplier Type”:
 - Describe the provider type (e.g., “Internal Medicine,” “DME Supplier,” “Laboratory,” “Home Health Agency,” etc.).

STEP 4 – Complete Section C: Beneficiary Information

1. In “Full Name”:
 - Enter the beneficiary’s first and last name, middle initial, and suffix (Jr., Sr, III).
2. In “MBI”:
 - Enter the Medicare Beneficiary Identifier (MBI).
3. In “State”:
 - Enter the beneficiary’s state of residence or the state where services were rendered.
4. In “Phone #”:

- Enter the beneficiary’s contact phone number (if known).
 - 5. In “Service From Date” and “Service To Date”:
 - Enter the date range of services related to the concern.
 - If it is a single date of service, enter the same date in both fields.
 - 6. In “HCPCS Code(s)”:
 - Enter the HCPCS code(s) associated with the suspect claims (e.g., 99213, G0463, etc.).
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STEP 5 – Complete Section D: Allegation Information

1. In the narrative field, provide a concise but complete description of:
 - What happened (describe the conduct/behavior).
 - Which claims or transactions are involved.
 - Description of services involved.
 2. Include key details such as:
 - How the issue was identified (e.g., data analysis, complaint, audit).
 - Why the conduct appears to be fraud, waste, or abuse (e.g., provider out of country, services not rendered, upcoding, duplicate billing).
 - Any patterns or trends (e.g., high frequency, same beneficiary, same code).
 3. Reference any attached documents that support the allegation (e.g., “See John Q. Public – Claims Listing,” “John Q. Public – Travel Records”).
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STEP 6 – Supporting Documentation

1. Gather relevant supporting documents:
 - Claims extracts, remittance advice, billing system screenshots
 - Internal audit reports, investigation notes, interview transcripts
 - Correspondence (emails, letters, beneficiary complaints)
2. Confirm documents are clearly labeled (e.g., “John Q. Public – Claims Listing DOS 12252024 to 12302024”).

STEP 7 – Encrypt the Submission (PHI/PII Protection)

1. Place the completed worksheet and all documents into a single encrypted file (e.g., encrypted ZIP, password-protected PDF, per your internal IT/security process).
 2. Use the required password:
DPITeamFWA#
 3. Follow your internal policy for separate communication of the password if required (e.g., sharing by phone or separate email, as applicable).
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STEP 8 – Final Submission Checklist

Before you send, verify:

- ☐ Section A – Reporting Party Information is complete
 - ☐ Section B – Subject of Report (Provider/Supplier) information is complete
 - ☐ Section C – Beneficiary information is complete
 - ☐ Section D – Allegation narrative is clear and complete
 - ☐ All relevant documents are attached and labeled
 - ☐ Entire package is encrypted using the specified password
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STEP 9 – Email the Referral to CMS

1. Open a new email.
2. To:
 - ACO_FWA@cms.hhs.gov
3. Cc:
 - ACOREACH@cms.hhs.gov
4. Attach the encrypted file containing:
 - Completed worksheet
 - All supporting documents

5. Use the following subject line:
 - “ACO FWA Referral – [ACO Name]”
6. Send the email according to your organization’s internal policies.