OMB Control Number: 0985-0040 Expiration: Month/Day/2023

INDIVIDUAL INTERACTION: COMPLEX INTERACTION FORM

*** Items marked with asterisk (*) indicate required fields**

Type of Interaction*: Individual Interaction

Session Conducted By*:_____
Date of Interaction (MM/DD/YYYY)*: _____

Title of Interaction:

End Date (if applicable):_____

Time Spent in Minutes*: _____

Zip code*:_____State*:_____

Reference Number: *Auto-Populated*

County:_____

Organization: *Auto-Populated*

Notes:

Beneficiary Name and Contact Information

Beneficiary First Name:_____
Beneficiary Last Name: _____

Beneficiary Address:

Beneficiary Phone: (_____) -_____-_____

Beneficiary City: _____

Beneficiary Email:_____

Beneficiary State: _____

Beneficiary Zip Code: _____

Beneficiary Demographic Information

Race (Multiple selections allowed):

- ❑ American Indian or Alaskan Native
- ❑ Asian
- ❑ Black or African American
- ❑ Hispanic or Latino
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ White
- ❑ Not Collected

Gender (Select only one):

- ❑ Female
- ❑ Male
- ❑ Other
- ❑ Not Collected

Date of Birth (MM/DD/YYYY):

Medicare Number:

Medicaid Number:

Other Information:

Topic(s) Discussed:

- ❑ Conditional Payments
- ❑ Consumer Protection
- ❑ Durable Medical Equipment (DME)
- ❑ Employer Health Plan
- ❑ General Fraud, Errors, and Abuse
- ❑ Genetic/DNA Testing
- ❑ Home Health Care
- ❑ Hospice
- ❑ Medicaid
- ❑ Medical Identity Theft
- ❑ Medicare Advantage
- ❑ Medicare Card
- ❑ Medicare Part A and B
- ❑ Medicare Part D
- ❑ Medicare Summary Notice
- ❑ Medigap or Supplemental Insurance
- ❑ Opioid Fraud and Abuse
- ❑ SMP Program Information
- ❑ SMP Volunteer Recruitment
- ❑ Social Security
- ❑ TRICARE
- ❑ Veteran's Health Benefits (VA)
- ❑ Other

Other Topics Discussed Details:

Additional Information

Issue(s):

- ❑ Beneficiary Perpetrated Fraud
- ❑ Billing Error
- ❑ Billing for Services Different From Received
- ❑ Billing for Services Not Provided
- ❑ Compromised Medicare Number
- ❑ Compromised Social Security Number
- ❑ Double Billing
- ❑ Enrollment / Disenrollment Issues
- ❑ Kickbacks
- ❑ Marketing Fraud
- ❑ Quality of Care Issues
- ❑ Scams
- ❑ Other Fraud, Error, or Abuse

Other Fraud, Error, or Abuse Details:

Is the Complainant different from the Beneficiary?

- ❑ Yes
- ❑ No

Complainant Name and Contact Information

Complainant First Name: _____

Complainant Last Name: _____

Complainant Phone: (_____) -_____-_____

Complainant Email: _____

Complainant Address:

_____

Complainant City: _____

Complainant State: _____

Complainant Zip Code: _____

Complainant Relationship to Beneficiary:

- ❑ Spouse
- ❑ Family Member/Caregiver
- ❑ Health Care Provider
- ❑ Other

Permission to contact Complainant:

- ❑ Yes
- ❑ No

Recoveries Information

Cost Avoidance on behalf of Medicare, Medicaid, Beneficiaries, or others (xxxx.xx) : _____

Expected Medicare Recoveries (xxxx.xx): _____

Additional Expected Medicare Recoveries (xxxx.xx) : _____

Expected Medicaid Recoveries (xxxx.xx) : _____

Additional Expected Medicaid Recoveries (xxxx.xx) : _____

Actual Savings to Beneficiaries (xxxx.xx) : _____

Other Savings (xxxx.xx): _____

Explanation:

SMP Action(s):

- ❑ SMP contacted 1-800-Medicare
- ❑ SMP contacted CMS Liaison
- ❑ SMP contacted CMS Regional Office
- ❑ SMP contacted Federal Trade Commission
- ❑ SMP contacted Medicare Advantage Plan or Part D Plan
- ❑ SMP contacted Medicare PSC or MEDIC Contractor
- ❑ SMP contacted MFCU or Medicaid Office
- ❑ SMP contacted OIG
- ❑ SMP contacted Other CMS Contractor
- ❑ SMP contacted Provider/Practitioner
- ❑ SMP contacted Quality Improvement Organization (QIO)
- ❑ SMP contacted Secondary Insurer/Plan
- ❑ SMP contacted SHIP
- ❑ SMP contacted SMP Resource Center
- ❑ SMP contacted State Insurance Department
- ❑ SMP contacted UPIC
- ❑ SMP sent Release of Information Form and Request Documents
- ❑ SMP reviewed Guidelines, Policies, or Procedures
- ❑ Other SMP Action

Other SMP Action Details:	

Referred Beneficiary to Action(s):

- ❑ Referred beneficiary to 1-800-Medicare
- ❑ Referred beneficiary to an Ombudsman
- ❑ Referred beneficiary to contact Medicare Advantage Plan or Part D Plan
- ❑ Referred beneficiary to contact MFCU or Medicaid Office
- ❑ Referred beneficiary to contact Provider/Practitioner
- ❑ Referred beneficiary to contact Quality Improvement Organization (QIO)
- ❑ Referred beneficiary to contact Secondary Insurer/Plan
- ❑ Referred beneficiary to Federal Trade Commission
- ❑ Referred beneficiary to SHIP

Appeal	❑ Yes ❑ No
Attach File 1	
Attach File 2	
Attach File 3	
Attach File 4	
Attach File 5	

Case Notes:	
Refer to OIG Hotline via ACL:	❑ Yes ❑ No
Date Submitted to ACL:	*Auto-Populated after saving*
Date ACL Submitted to OIG (MM/DD/YYY):	
ACL Comments:	

SMP Representative Name and Contact Information

SMP Representative Name:

_____

SMP Representative Mailing Address:

_____

_____

SMP Representative Phone Number:

(_____) -_____-_____

SMP Representative Fax Number:

(_____) -_____ -_____

SMP Representative Email Address:

_____

Status of Interaction:	❑ Open – Research in progress by SMP, less than one year ❑ Open – Awaiting Response to Referral ❑ Closed – Reviewed Internally, no issue identified ❑ Closed – Resolved by SMP ❑ Closed – Referral No Action Required ❑ Closed – Action Taken By Referent ❑ Closed – Handled by SHIP ❑ Closed – Other ❑ Suspended
Date of Last Status Update (MM/DD/YYYY):	

Subject Name and Contact Information	
Organization Name: _____ Subject First Name: _____ Subject Last Name: _____ Subject Phone: (_____) -_____-_____ Provider Number: _____ Subject Email: _____ Subject Website: _____	Subject Address: _____ Subject City: _____ Subject State: _____ Subject Zip Code: _____
Subject Other Information:	

Public Burden Statement:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0040). Public reporting burden for this collection of information averages 5 minutes per response, including time for gathering, maintaining, completing and reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority from Section 4360(f) of the OBRA.