



INSTRUCTIONS FOR COMPLETING A SUSPECTED FRAUD OR ABUSE REFERRAL FORM

To submit a request to investigate suspected fraud or abuse, please complete a CalOptima Suspected Fraud or Abuse Referral Form. Examples of "Member" or "Provider" fraud or abuse are listed on the form. These are examples only. The list does not represent every situation in which fraud or abuse can take place.

Complete all applicable sections of the form. It is very important to complete the entire form so we can effectively investigate the issue.

If desired, requestor may remain anonymous; however, if the requestor does not provide his/her name and phone number, the CalOptima Office of Compliance will be unable to contact him/her if there are any questions about the information submitted, which may prevent completion of the investigation.

Submit the completed form with supporting documents to CalOptima's Office of Compliance via one of the following methods:

- 1. Email: <u>Fraud@CalOptima.org</u>
- 2. U.S. Mail: CalOptima

3. Fax:

Office of Compliance — SIU 505 City Parkway West Orange, CA 92868 **1-714-481-6457**

MARK ALL CORRESPONDENCE AS "CONFIDENTIAL."

You may also report suspected fraud or abuse to CalOptima's Ethics and Compliance hotline, 24 hours a day, 7 days a week, toll-free at 1-877-837-4417. TDD/TTY users can call toll-free at 1-800-735-2929. We have staff that speak your language.



SUSPECTED FRAUD OR ABUSE REFERRAL FORM

REFERRAL INFORMATION					
Date:			Notice involves suspected fraud or abuse by a:		
Referred by: Name:	Title:		Member		
Dept.:	Phone#:	Provider			
MEMBER		PROVIDER			
CalOptima Program: Medi-Cal OneCare PACE OneCare Connect Member Name: Member ID:		Provider Name: Type of provider: Provider ID #: Address:			
Address: City: ZIP:		City: ZIP:			
Date of service if applicable:		Date of service if applicable:			
Member ID, if applicable:		If multiple members are involved, please attach a list.			
 Examples of suspected fraud or abuse: Using another individual's identity or docume of Medi-Cal eligibility to obtain covered servi prescriptions (unless that person is an authoriz representative who is presenting such informa obtain covered services on behalf of a membe Selling, loaning or giving a member's identity documentation of eligibility to obtain covered services (other than to a family member to obt covered services on behalf of a member) Falsely claiming eligibility Using a covered service for purposes other that purposes for which it was prescribed, includin an individual other than the member for whom covered service was prescribed or provided Failing to report other health coverage Soliciting or receiving a kickback, bribe or rel an inducement to receive or not receive coveres services Other (please specify) 	ces and zed tion to r) y or tain an the ag use by n the bate as	CalOptima program. Submission of claims Substantially and individual's usual services Not actually provi the claim is submi More than the qua necessary Billed using a cod payment than the o service Already included Submitted for pay another third-party disclosure Charging a member in payments and deductif Billing a member for	bility to participate in the for covered services that are: demonstrably more than any charges for such covered ided to the member for which tted untity that is medically le that would result in greater code that reflects the covered		





SUSPECTED FRAUD OR ABUSE REFERRAL FORM

 Failure to disclose conflict of interest Receiving, soliciting or offering a kickback, bribe or rebate to refer or fail to refer a member Failure to register billing intermediary with the Department of Health Care Services (DHCS) False certification of medical necessity Attributing a diagnosis code to a member that does not reflect the member's medical condition to obtain higher reimbursement False or inaccurate Minimum Standards or credentialing information Submitting reports that contain unsubstantiated data, data that is inconsistent with records or has been altered in a manner that is inconsistent with policies, contracts, statutes or regulations. Other (please specify) 	
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data, data that is inconsistent with records or has been altered in a manner that is inconsistent with policies, contracts, statutes or regulations.	
U Other (please specify)	data, data that is inconsistent with records or has been altered in a manner that is inconsistent with policies, contracts, statutes or regulations.
	U Other (please specify)

DOCUMENTATION (PLEASE ATTACH):					
Claims data	Medical records Complaint, appeal or grievance	UM reports			
Audit	Other (please specify)				
Please provide a brief explanation of how the documentation provided supports concerns of fraudulent activity: Please provide the root cause of this suspected fraudulent activity:					

Please submit this form with all pertinent documentation to the OFFICE OF COMPLIANCE SPECIAL INVESTIGATIONS UNIT (SIU). The Office of Compliance SIU shall report as appropriate to local and state entities. If you do not receive an acknowledgement of receipt of this form within five (5) working days, please send an email to Fraud@CalOptima.org.