

**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: Fraud@CalOptima.org
2. U.S. Mail: CalOptima
Office of Compliance — SIU
505 City Parkway West
Orange, CA 92868
3. Fax: **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

	<input type="checkbox"/> Failure to disclose conflict of interest <input type="checkbox"/> Receiving, soliciting or offering a kickback, bribe or rebate to refer or fail to refer a member <input type="checkbox"/> Failure to register billing intermediary with the Department of Health Care Services (DHCS) <input type="checkbox"/> False certification of medical necessity <input type="checkbox"/> Attributing a diagnosis code to a member that does not reflect the member's medical condition to obtain higher reimbursement <input type="checkbox"/> False or inaccurate Minimum Standards or credentialing information <input type="checkbox"/> 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. <input type="checkbox"/> Other (please specify)
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DOCUMENTATION (PLEASE ATTACH):
<input type="checkbox"/> Claims data <input type="checkbox"/> Medical records <input type="checkbox"/> Complaint, appeal or grievance <input type="checkbox"/> UM reports <input type="checkbox"/> Audit <input type="checkbox"/> Other (please specify)
<p>Please provide a brief explanation of how the documentation provided supports concerns of fraudulent activity:</p> <p>Please provide the root cause of this suspected fraudulent activity:</p>

OTHER RELEVANT INFORMATION (PLEASE ATTACH):
<p>Are there any prior suspected fraud or abuse issues by this member, provider, pharmacy, other:</p> <p>1. <input type="checkbox"/> No <input type="checkbox"/> Yes. Please describe:</p>
<p>2. If yes, what was the outcome?</p>

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.