

Report Suspected Non-Compliance or Fraud, Waste and Abuse Issues

If you know of, or suspect, a non-compliance issue or fraud, waste and abuse (FWA), please complete the form below. CalOptima will strive to maintain confidentiality to the extent permitted under applicable laws. If you would like us to contact you, please provide your contact information. If you want to remain anonymous, do not give it to us.

Please explain in as much detail as you can about the suspected non-compliance or FWA issue. CalOptima will review and conduct a thorough investigation, if appropriate.

CalOptima prohibits retaliation against any person making a report in good faith.

After completing the form, click “Submit.”

Reports submitted through this website may not receive an immediate response. If you require emergency assistance, please contact 911 or your local authorities.

Please fill out:

*Required fields

*Do you want to remain **anonymous**?

Yes No

Optional: What is your relationship to CalOptima?

Member Employee Provider Vendor Other

If other, please specify:

Optional: If you would like to share your identity with CalOptima’s Office of Compliance, please fill out:

First Name:

Last Name:

Phone:

Email:

Best time to contact you:

(continue to next page)

Online Compliance Form_<E>
MMA 1587 03-18-21 COMP

MCAL MM 21-1587_Deemed Approved 03.26.2021_Online Compliance Reporting Form
IR21_OC003_H5433 H7501 H8016

Online Compliance and Fraud, Waste and Abuse Form

Describe the issue:

*What is the issue being reported?

Please describe it in as much detail as you can. This will help us conduct a thorough investigation. (Especially if you choose to remain anonymous since CalOptima will not be able to contact you for more details.)

How did you become aware of this issue?

Please provide the name(s) of the individual(s) involved in or aware of the issue.

***Person 1**

First Name:

Last Name:

Is this person aware of the issue? Yes No

How is this person involved?

Are there multiple people involved? Yes No

Person 2 (if applicable)

First Name:

Last Name:

Is this person aware of the issue? Yes No

How is this person involved?

Person 3 (if applicable)

First Name:

Last Name:

Is this person aware of the issue? Yes No

How is this person involved?

(continue to next page)

Where did the issue occur?

When did the issue occur?

Please provide date(s) or a time frame.

How long do you think this problem has been going on?

Who else has knowledge of this incident?

Please submit the completed form via one of the following methods:

1. Download and email this form to:

Compliance@caloptima.org

2. Print and mail this form to:

Attn: Compliance Officer
CalOptima Office of Compliance
505 City Parkway West
Orange, CA 92868

(end of form)