



## Fraud Waste & Abuse Referral Form

Please complete this form to report all suspected fraud, waste and abuse (FWA) cases. Health Choice encourages individuals to report any issue or concern - even if it is unclear whether the matter needs referred. The compliance team will promptly review the matter. Individuals who report a FWA issue or concern will not be retaliated against.

- Date** of Referral to Compliance:
- Name/Contact information\*** of person reporting the suspected FWA:
- MEMBER REFERRAL:** Include reason for referral, member name and if available, member ID:
- PROVIDER REFERRAL:** Include reason for referral, provider name and address:

Reason for Referral (Use space below and, if more space is needed, document on a separate sheet)

Please complete and submit this form by email to [HCHFVA@HealthChoiceAZ.com](mailto:HCHFVA@HealthChoiceAZ.com)

\*You don't need to provide your name or contact information. If you do, we'll keep it confidential. You can also choose to give us just your contact information and not your name. If you choose not to give your contact information, our review will be only about the information you're reporting. It's important that you give us as much information as you can. It will help us do a complete and correct investigation.

### Fraud, Waste and Abuse Examples

Member Fraud and Abuse	Provider Fraud and Abuse
Asset Misrepresentation (Transfer/Hiding/unreported income )	Falsifying or altering claims or credentials
Residency	Incorrect coding
Citizenship status	Double billing
Misrepresentation of medical condition	Kickbacks
Failure to report Third party liability/other insurance (TPL/COB)	Fraudulent enrollment practices
RX abuse/drug diversion/selling medication/supplies	Fraudulent third party liability (TPL) reporting
Misuse of ID card and/or benefits	Fraudulent billing/recoupment practices
Identity theft	Billing for services not provided
High utilization of services/abuse of benefits	Misrepresentation/substitution of services