



## 2017-2018 Fraud Waste & Abuse Referral Form

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

Date of Referral to Compliance:

Name/Title/Department of Health Choice Staff

Reporting the suspected FWA:

**MEMBER REFERRAL:** Include source of referral and contact information, where applicable, and member name and ID

**PROVIDER REFERRAL:** Include source of referral and contact info, where applicable, and provider name, address and PIN

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

Please complete and submit this form to the FWA Compliance Analyst in the Compliance Department (or via email at "FWA HCH/HCH/IASIS" or HCH.FWA@steward.org). If you receive any more info, please forward it as soon as possible.

### 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