

Suspected Fraud or Abuse Referral Form

Referred by:	Date
Name	
Title	
Department	

PROVIDER

Provider Name or Provider Group
Type of Provider
NPI
Address
City, State, Zip
Date of Service (if applicable)
Member ID, (if applicable)

Suspected fraud or abuse:

- Unsubstantiated declaration to participate in the CenCal Health program.
- Submission of claims for covered services that are:
 - Not actually provided to the member for which the claim is submitted.
 - In excess of the quantity that should be or actually was provided to a member.
 - Billed using a code that would result in greater payment than the code that reflects the covered service.
 - Submitted for payment to both CenCal Health and another third party payer without full disclosure.
- Charging a member in excess of allowable share of cost for covered services.
- Failure to disclose conflict of interest.
- Receiving, soliciting, or offering a kickback, bribe, or rebate to refer or fail to refer a member.
- False certification of medical necessity.
- Attributing a diagnosis code to a member that does not reflect the member's medical condition for the purpose of obtaining higher reimbursement.
- False or inaccurate Minimum Standards or credentialing verification.
- 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)

Reminder: Please provide a description with details of the suspected Fraud Waste or Abuse (i.e. who, what, when).

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Documentation (please attach):

- Claims data
- Medical records
- Complaint, appeal, or grievance
- UM reports
- Audit
- Other (please specify):

Other Relevant Information (please attach):

Are there any prior suspected fraud or abuse issues by this member, provider, pharmacy, other _____?:

1. No
 Yes. (please describe)

2. If yes, what was the outcome?

Please submit this form with all pertinent documentation to the Administration Department, attention: Compliance Coordinator. The Compliance Coordinator 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 contact Compliance Coordinator at (805) 562-1023.

Compliance Tracking No.

Date Acknowledgement Sent