

Fraud, Waste, or Abuse Referral Form

To submit a request to investigate suspected fraud, waste, or abuse, please complete the KHS FWA Referral Form. Examples of FWA are listed on the FWA Form. These are only examples. The list does not include every situation in which FWA can take place. Use the “Other” category as necessary.

Please note that there is a section on the FWA Referral Form for reporting suspected FWA by a “Member” and/or “Provider”. Complete all sections as best as possible. More information is always preferred.

You may remain anonymous, but it should be understood that if you do not provide your name and telephone number, the Compliance Department will not be able to contact you to get additional information, which may help with the investigation.

Submit the completed form and attach supporting documents to KHS’ Director of Compliance using one of the following ways:

1. Email: fraudteam@khs-net.com
2. U.S. Mail: Kern Health Systems
Director of Compliance
2900 Buck Owens Boulevard
Bakersfield, CA 93308
3. Phone: (800) 391-2000
4. Fax: (661) 473-7555

**ALL CORRESPONDENCE SHOULD BE MARKED:
“CONFIDENTIAL: TO BE OPENED BY THE DIRECTOR OF COMPLIANCE ONLY”**

REFERRAL INFORMATION		
Date:		Notice involves suspected fraud, waste, or abuse by a:
Referred by: Name:	Title:	<input type="checkbox"/> Member
Dept.:	Phone#:	<input type="checkbox"/> Provider

MEMBER	PROVIDER
Member Name:	Provider Name:
Member ID:	Type of provider:
Address:	Provider ID #:
City: Zip:	Address:
Date of service if applicable:	City: Zip:
	Date of service if applicable:
	Member ID, if applicable: If multiple Members are involved, please attach a list.
<p>MEMBER Suspected Fraud, Waste, or Abuse:</p> <p><input type="checkbox"/> Using another individual's identity or documentation of Medi-Cal eligibility to obtain covered services.</p> <p><input type="checkbox"/> Selling, loaning, or giving a Member's identity or documentation of eligibility to obtain covered services.</p> <p><input type="checkbox"/> Deliberately providing misinformation to retrieve services.</p> <p><input type="checkbox"/> Using a covered service for purposes other than the purposes for which it was prescribed including use of such covered service by an individual other than the Member for whom the covered service was prescribed or provided.</p> <p><input type="checkbox"/> Failing to report other health coverage.</p> <p><input type="checkbox"/> Selling and forging prescriptions.</p> <p><input type="checkbox"/> Ambulance abuse, overuse of ERs.</p> <p><input type="checkbox"/> Illegal doctor shopping & drug-seeking behavior.</p> <p><input type="checkbox"/> Other (please specify in space below)</p>	<p>PROVIDER Suspected Fraud, Waste, or Abuse:</p> <p><input type="checkbox"/> Submission of claims for covered services that are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Substantially and demonstrably in excess of any individual's usual charges for such covered services. <input type="checkbox"/> Not actually provided to the Member for which the claim is submitted. <input type="checkbox"/> In excess of the quantity that is medically necessary; <input type="checkbox"/> Billed using a code that would result in greater payment than the code that reflects the covered service. <input type="checkbox"/> Already included in capitation rate. <input type="checkbox"/> Sending Member a bill after Kern Family Health Care has made payment. <p><input type="checkbox"/> Receiving, soliciting, or offering a kickback, bribe, or rebate to refer or fail to refer a Member.</p> <p><input type="checkbox"/> False certification of medical necessity.</p> <p><input type="checkbox"/> Attributing a diagnosis code to a Member that does not reflect the Member's medical condition for the purpose of obtaining higher reimbursement.</p> <p><input type="checkbox"/> Questionable prescribing practices.</p> <p><input type="checkbox"/> Other (please specify in space below)</p>