HEALTH SHARE OF OREGON
Fraud, Waste and Abuse Referral Form

This form is intended to document or report any suspected fraud, waste or abuse. If you suspect any fraud, waste or abuse you can report the activity (anonymously if preferred) by:

Calling the Health Share Compliance Hotline:	**503-416-1459 or**
Faxing the completed form to:	**503-459-5749 or**
Mailing the completed form to:	**Health Share Compliance Officer** **2121 SW Broadway Suite 200** **Portland, OR, 97201**

Health Share of Oregon cannot share information about the status of or findings from an investigation of alleged Fraud, Waste or Abuse. Information collected during the investigation may be shared with the Oregon Department of Human Services and other government agencies as allowed by law.

What is Fraud? An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person.

What is Abuse? Practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to Medicaid, Medicare or Health Share of Oregon, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

What is Waste? Health care spending that can be eliminated without reducing the quality of care. This includes inefficient use or management of resources, unnecessary expenses, or procedures that cannot reasonably be expected to yield better patient outcomes.

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SECTION 1: I wish to remain (choose one):

☐ Anonymous ☐ Confidential ☐ No Restriction

How may we contact you? (Do not complete if you wish to remain anonymous.)

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

Medicaid/Medicare Provider ID (if applicable): _____

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SECTION 2: Suspected Fraud, Waste and Abuse Complaint

1. Name(s) of the individual(s) suspected of fraud, waste or abuse:

2. Organization or Department involved in the suspected fraud, waste or abuse:

3. Description of suspected fraud, waste or abuse in as much detail as possible. Include such things as the date alleged activity occurred, whether or not you believe the alleged behavior is still occurring, if you notified a supervisor or any other personnel, law enforcement or outside agency about this allegation:

4. What type of documentation are you able to provide in support of this report of fraud, waste and abuse? (Examples: copies, photos, schedules, etc.)

5. Names of witnesses or others who may have knowledge of this allegation (Please include contact information if possible):

6. How did you become aware of the incident(s)? (Examples: witnessed firsthand, heard it from another person, etc.)

7. Are you willing to be interviewed regarding these allegations? ☐ Yes ☐ No

8. Today's Date _____

9. If necessary, please attach additional pages regarding this complaint.