

## 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 and you may remain anonymous.

- Date of Referral:
- Individual reporting:
- Member Information:
- Provider Information:

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

Please complete and email form to [Fraud\\_Waste\\_Abuse@healthchoiceutah.com](mailto:Fraud_Waste_Abuse@healthchoiceutah.com), or mail it to  
**Health Choice Utah**  
**Attn: SIU Department**  
**PO Box 45900**  
**Salt Lake City, UT 84145**

### Fraud, Waste and Abuse Examples

Member Fraud and Abuse	Provider Fraud and Abuse
Asset Misrepresentation (Transfer/Hiding/unreported)	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	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