

Suspected Fraud and Abuse

Reporting Form

Sutter Health Plan Anti-fraud Program

Healthcare fraud costs the United States billions of dollars each year and affects everyone. The Sutter Health Plan anti-fraud program serves to prevent, detect and correct instances of fraud and abuse, thereby reducing costs to Sutter Health Plan, providers, members and others caused by fraudulent activities. The program is also designed to protect consumers in the delivery of healthcare services through the timely detection, investigation, and prosecution of suspected fraud and abuse in accordance with state and federal laws.

What is Fraud and Abuse?

Healthcare fraud is a criminal act of knowingly and intentionally submitting, or causing someone else to submit, false or misleading information to obtain money or any other healthcare benefit. Healthcare abuse is a similar activity or behavior that involves payment for items or services when there isn't a legal right to that payment. However, abuse does not require that the person have intent or knowledge.

Some examples of fraud and abuse include:

- A provider billing for services or items that were not provided.
- A provider falsifying medical records.
- A provider paying a member to obtain care or services.
- A member allowing someone else to use their health plan ID card.
- Identity theft.

Reporting Suspected Fraud and Abuse

You can report suspected fraud and abuse to Sutter Health Plan using any of the following methods:

(Note: you may remain anonymous regardless of the reporting method used.)

Anonymous Confidential Message Line:

800-500-1950

Telephone:

855-315-5800 (TTY 855-830-3500)

Email:

shpcompliance@sutterhealth.org

Mail:

Sutter Health Plan

Attn: Ethics & Compliance Officer

P.O. Box 160307

Sacramento, CA 95816

If you are submitting your report by mail, fax, or email, please complete the attached form or include the following information in your report:

- When and where the suspected fraud occurred.
- When and how the suspected fraud was discovered.
- Description of the incident or suspected fraud.
- Persons or entities engaged in the suspected fraud or who have attempted to conceal the issue.

Section A – Reporting Party

Anonymous (go to Section B)

Business or Last Name	First Name	MI	Date of Report
Mailing Address	City	State ZIP	Contact Phone
Email Address	Member or Provider ID (if applicable)		

Section B – Party Suspected of Fraud or Abuse (List additional parties in Section D.)

Business or Last Name	First Name	MI	Date of Report
Mailing Address	City	State ZIP	Contact Phone
Email Address	Member or Provider ID (if applicable)		

Section C – Fraud or Abuse Activity Details (Please attach additional pages if needed.)

Date Incident Occurred	Date Incident Discovered	Place Incident Occurred
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Is the activity or behavior ongoing? Yes No Unknown

Description of the Incident

How was the incident discovered?

Has any other company or agency been notified of this activity? Yes No Unknown

If yes, please list the companies or agencies notified.

Section D – Additional Parties Involved

Involved in the activity

Attempted to conceal the activity

Witness to the activity

Business or Last Name

First Name

MI

Mailing Address

City

State

ZIP

Contact Phone

Email Address

Member or Provider ID (if applicable)

Involved in the activity

Attempted to conceal the activity

Witness to the activity

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