

Reporting Fraud, Waste, and Abuse

Just as you safeguard your home and belongings, AllCare for Seniors needs your eyes and ears to help protect its resources against waste, fraud, and abuse. This form allows you to report suspected fraud, waste or abuse acts or practices by employees, outside contractors, or vendors.

This report is a method of allowing AllCare for Seniors to enhance compliance with policy and procedures through investigation of alleged problems. It also will allow for streamlining of processes and enhancement of safeguards built into our programs. AllCare for Seniors has a commitment for the ethical compliance of all regulatory requirements.

- **Fraud** means purposeful deception for the purpose of getting something of value (such as increased reimbursement from the government). Examples include enrolling fictitious individuals in a PACE program and pocketing the money provided
- **Waste** means the careless or needless expenditure of funds that result in connection with a Part D plan. Examples include poor or inefficient record-keeping that results in increased costs to the government.
- **Abuse** means any kind of behavior that is inconsistent with sound fiscal, business or medical practices and that directly or indirectly results in higher costs to the government. Examples include issuing refills for a prescription that is not medically necessary.

What Should Be Reported

Dishonest acts, either known or suspected, should be reported, such as:

- Theft or misappropriation of funds, supplies, property, or other resources
- Forgery or alteration of documents
- Unauthorized alteration or manipulation of computer files
- Improper and wasteful activity regarding the prescription and administering of drugs
- Falsification of reports to management or external agencies

DOCUMENT SUSPECTED FRAUD, WASTE OR ABUSE BELOW.

- **Be detailed, specific and complete when describing alleged incident.**
- **Include as many facts, dates, and names as possible.**
- **An investigation will be initiated based on the details provided.**

AllCARE for Seniors Fraud, Waste, and Abuse Report

Contact Information

I wish to remain (*Please chose one.*)

Anonymous
Confidential
No Restrictions

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

Name: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
E-Mail Address: _____

Suspected Fraud, Waste, and Abuse

Date Submitted: _____