

Fraud, Waste and Abuse Reporting Form

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by the VA Community Care Network Information System and how it will be used.

AUTHORITY: 38 U.S.C. 1703 - Contracts for hospital care and medical services in non-Department facilities, The Privacy Act (5 U.S.C. 552a, implemented by VA at 38 CFR 1.575-1.582), and 45 CFR § 164.506 - Uses and disclosures to carry out treatment, payment, or health care operations.

PURPOSE: To disclose protected health information to another covered entity for health care operations activities of the entity that receives the information, if each entity either has or had a relationship with the individual who is the subject of the protected health information being requested, the protected health information pertains to such relationship, and the disclosure is:

- (i) For a purpose of the definition of health care operations; or
- (ii) For the purpose of health care fraud and abuse detection or compliance.

ROUTINE USES: Your records may be disclosed to investigate waste, fraud, abuse, security, and privacy concerns. Access, use or disclosure of this documentation must comply with The Privacy Act (5 U.S.C. 552a, implemented by VA at 38 CFR 1.575-1.582), 38 U.S.C. 7332 Confidentiality of certain medical records and 45 CFR § 164.506 - Uses and disclosures to carry out treatment, payment, or health care operations. Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164). Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

DISCLOSURE: Voluntary. If you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays or the inability to process your request.



Fraud, Waste and Abuse Reporting Form

To report suspected VA Community Care Network (VA CCN) fraud, waste or abuse please fill out this form and follow the instructions below (please type or print all entries). Or call us at: 1-844-883-3461.

Tip Source:		
Do you wish to give us the opportunity to get back to you? (Please select one)		
<input type="checkbox"/> Here is my information but do not contact me	<input type="checkbox"/> Feel free to contact me if necessary	<input type="checkbox"/> I want to be anonymous
Name:	Phone Number:	Email:
What is your relationship with VA CCN?		
<input type="checkbox"/> Veteran <input type="checkbox"/> Provider <input type="checkbox"/> VA Employee <input type="checkbox"/> Optum Employee <input type="checkbox"/> Other: _____		
Description of the suspicious incident/situation you would like to bring to our attention.		
Veteran Name:	Claim #:	Dates of Service:
Details of situation:		
How were you involved in the situation?		

The documents, records, and other information contained herein, which resulted from quality management peer review activities, are confidential and privileged under the provisions of 38 U.S.C. §5705, and its implementing regulations. This material cannot be disclosed to anyone without authorization as provided for by that law or its regulations. The statute provides for fines up to \$20,000 for unauthorized disclosures.

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Please help us identify the name and/or location of the situation identified above:		
Name (Providers, Facility, Business):	Address (Providers, Facility, Business):	
Additional providers involved in the situation identified above:		
Facility Name/Last Name:	First Name:	Location:

<p><u>To submit this form:</u> Fax to: 1-866-211-2498 Mail to: VA Community Care Network Payment Integrity/Fraud, Waste and Abuse MS-61 3237 Airport Road La Crosse, WI 54603</p>
<p>For Internal Use Only Name of person completing this form:</p>
Department/Contact Information: