



Confidential Fraud, Waste and Abuse Reporting Form

Please use this form to tell us about any fraud, waste and abuse concerns you may have. This information will be confidential. Give as much information as you can.

I am concerned that the following individual is doing something fraudulent or abusive. This individual can be reached at the address and phone number listed below.

Name: _____

Address: _____

Phone(s): _____

This person is a/an...: (please check the appropriate box)

Employee

Member

Provider

Other*

Describe your concern. Please attach additional pages, if needed.

*Please explain the relationship between the person you are reporting and HAP CareSource or yourself.

You may remain anonymous and not tell us your name. If you don't want to remain anonymous, please give us the following information so that we may contact you if we need additional information.

Your Name: _____

Your Address: _____

Your Phone No(s): _____

If you have documents that we should review, please attach them or tell us where to find them.

To remain anonymous, send this form (and any other documents) by mail to:

HAP CareSource
Attn: Program Integrity
P.O. Box 1940
Dayton, OH 45401-1940

You may also submit this form by fax or email. However, sending your report this way will show the number of the fax machine or your email address. If you want to be anonymous, mail the form and attachments. If you do not want to be anonymous, you may send your information using these methods:

Fax: 1-800-418-0248

E-mail: fraud@caresource.com (copy the form information and attachments into the email or attach them as documents).

If you have any questions, **call us on the Fraud Hotline at 1-844-415-1272, and follow the prompts to report fraud.**

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