

Compliance Reporting Form

This form is used to report any potential or suspected compliance issues. Please answer the following questions as best you can and with as much detail (such as who, what, when, where, and why) as you feel comfortable sharing. Also, please attach any documentation from previous attempts to correct the violation, if any were taken. An investigation of your concern will be performed. If insufficient information is provided, AlohaCare may not be able to address this issue. You have the option to submit this form anonymously.

Note: AlohaCare maintains confidentiality (and when requested, anonymity) whenever possible, but cannot guarantee total confidentiality or anonymity if sharing information is required for adequate investigation. Only the minimum information necessary to conduct an adequate investigation is ever shared.

Date: _____

Anonymity Requested: Yes No
(to the extent possible)

Your Name (optional):

Complete description of your complaint or concern – it is important that you be clear as to what requirement or rule you believe has been violated (attach additional pages if needed):

Person/entity involved in potential compliance issue: (please check one)

Provider Member AlohaCare Employee Vendor Other

Name of individual or entity who committed the violation:

Name of others involved (if any):

Category of compliance issue (required - if unsure, check “unsure” box and provide information requested):

- Fraud & Abuse CMS Regulations
- Federal law State law Conflict of Interest Other
- Unsure- *explain*
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You will be contacted regarding this compliance report only if needed for performing an adequate investigation.

If necessary to contact you, how would you prefer to be contacted (*required*):

- E-mail Phone Any way is fine
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Please forward this form to:

**AlohaCare
Compliance Department
1357 Kapiolani Blvd. Suite 1250
Honolulu, HI 96814**

Thank you for your assistance.