

# Community Health Group Report of Suspected Health Care Fraud

Having a mechanism for reporting suspected fraud is one way CHG is working to preserve resources to provide health care for those who truly need and deserve it.

Please feel free to use this form to report something that you have observed that you think might involve fraudulent activity related to health care. Under California law, health care fraud includes, but is not limited to, "knowingly making or causing to be made any false or fraudulent claim for payment of a health care benefit." (California Health and Safety Code, Section 1348(e)).

Persons submitting this report may choose to remain anonymous. Please keep in mind, however, that follow-up action is generally facilitated more efficiently when the individual making the report identifies him- or herself. Therefore, self-identification is recommended.

This report will be used by CHG's Compliance Officer to help determine what actions need to be taken. It will be treated as confidential and disclosed only to appropriate individuals who have a right and need to know. This could include officials within, or agents of, CHG who have responsibilities for investigation and follow-up, and, potentially, representatives of government investigative agencies.

There will be no retaliation on the part of CHG for reports of suspected fraud made in good faith. Furthermore, any attempt at retaliation by a CHG employee against a person reporting suspected fraud will result in disciplinary action.

Send or deliver your report to: Compliance Officer, Community Health Group, 2420 Fenton Street Suite 100 Chula Vista, CA 91914, or email to Harndt@chgsd.com. You may also call CHG's compliance hotline at 1-800-651-4459.

---

---

**Use the questions below to describe the activity you observed that you think may be fraudulent. You do not need to answer all the questions in order to submit the report, but please try to be as thorough as possible.**

1. What happened?

---

---

---

---

---

2. When did it happen?

---

---

3. Do you think it is still happening? If not, when do you think it ended?

---

---

4. How did you become aware of it? (e.g., overheard information saw documentation, etc.)

---

---

5. Where did it happen?

---

---

6. Who was involved?

---

---

7. Who else might have relevant information?

---

---

8. Are there any notes, documents, or other evidence? If so, what kind? Where is it?

---

---

---

9. To the best of your knowledge, has this activity been reported to Community Health Group before?

Yes                      No

10. Are you comfortable discussing this activity with your supervisor?

Yes                      No

Your Name: \_\_\_\_\_

Your Phone No.: \_\_\_\_\_

Date of this Report: \_\_\_\_\_

***Community Health Group thanks you  
for caring about the company and its customers.***