Reporting Potential Compliance Issues

At Alameda Alliance for Health (Alliance), we are here to help you. The information in this letter is important for you to read and understand.

What is a potential compliance issue?

A potential compliance issue may include concerns in the following areas:

1. Suspected fraud, waste or abuse
   - *For example: Provider duplicate billing for services*

2. Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy disclosures of protected health information
   - *For example: Patient letters sent to another person*

3. Non-compliance with regulations and laws
   - *For example: Operational or ethical concern with a process*

When should I report the issue to the Alliance?
You should report the issue underlined immediately upon discovery to the Alliance. We are required to investigate this issue and report to the applicable regulatory agencies within a certain timeframe.

HIPAA privacy issues should be reported to the Alliance the same day upon discovery. We are required to report these issues to the state agency within 24 hours of discovery.

How do I report the issue to the Alliance?

There are a few ways in which you can report the issue to the Alliance:

- Fill out the Alliance Compliance Incident Report Form on the next page, and email it back to us.

- You may also report by calling the Alliance Compliance Department Hotline. Callers can choose to report issues anonymously. The Alliance Compliance Hotline is accessible 24 hours a day, 7 days a week, toll-free at **1.855.747.2234**.

Questions? Please email the Alliance Compliance Department
compliance@alamedaalliance.org
www.alamedaalliance.org

C&O 06/2019

ALAMEDA Alliance FOR HEALTH

Compliance Incident Report Form

The Alameda Alliance for Health (Alliance) Compliance Incident Report form is confidential and may be used to report any suspicious incidents you see or hear. *(I.e. HIPAA privacy health information disclosures, fraud, waste and abuse, or any compliance issues.)*

INSTRUCTIONS

1. Please print clearly, or type in the fields below.
2. Fields with a (*) must be completed.
3. Email the completed form and include any relevant documents to the Alliance Compliance Department at **compliance@alamedaalliance.org**.

INCIDENT TYPE*	
☐ HIPAA/Privacy ☐ Fraud, Waste and Abuse ☐ Other:_____	
REPORTING PERSON – GENERAL INFORMATION*	
NAME:	PHONE NUMBER:
POSITION TITLE/COMPANY NAME:	
WHO REPORTED THE INCIDENT TO YOU (*choose one*): ☐ Member ☐ Provider ☐ Employee ☐ Other:_____	
MEMBER INFORMATION *(if applicable; if multiple members involved, include an attached list)*	
LAST NAME:	
FIRST NAME:	MIDDLE INITIAL:
ALLIANCE MEMBER ID #/CIN #:	DATE OF BIRTH *(MM/DD/YYYY)*:
PHONE NUMBER:	
AUTHORIZED REPRESENTATIVE'S NAME *(if applicable)*:	
PROVIDER INFORMATION *(if applicable)*	
LAST NAME:	
FIRST NAME:	AMOUNT INVOLVED: $
CLAIM NUMBER(S) INVOLVED:	NATIONAL PROVIDER IDENTIFIER *(NPI)*:
DETAILS OF INCIDENT*	
DATE(S) OF INCIDENT:	
WHO WAS INVOLVED:	
WHERE DID IT TAKE PLACE:	
DESCRIPTION OF INCIDENT/OTHER IMPORTANT INFORMATION: *(Please attach any relevant documentation)*	