HEALTH NET FEDERAL SERVICES
A Wholly-Owned Subsidiary of Centene Corporation

TRICARE®

Program Integrity

Fraud, Waste and Abuse Report Form

Privacy Act Statement

This statement serves to inform you of the purpose for collecting personal information required by Health Net Federal Services, LLC (HNFS) on the behalf of the TRICARE® progam, and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55; 38 U.S.C. Chapter 17; 32 CFR Part 199, and E.O.9397 (SSN), as amended.

PURPOSE: To collect information from you in order to process the allegation, respond to the requestor and/or take action to correct deficiencies.

ROUTINE USES: Your information may be disclosed in order to investigate waste, fraud and abuse, security, and privacy concerns. Use and disclosure of your records outside of DoD may occur in accordance with the DoD Blanket Routine Uses published at http://dpclo.defense.gov/privacy/SORNs and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclsed as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), and includes purposes of treatment, payment, and health care 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 an individual's request.

Use this form to report potential fraud, waste or abuse regarding a TRICARE beneficiary or provider. Each report of potential fraud or abuse is subject to a comprehensive review process. As such, the time frame for completed reviews varies. Due to government restrictions that significantly limit and/or prohibit Health Net Federal Services, LLC (HNFS) from disclosing the status of health care fraud investigations, HNFS is unable to provide status on open, ongoing investigations. Learn more about fraud, waste and abuse at **www.tricare-west.com.**

Submit completed forms to:

Fax: 1-844-734-1266

Email: Program.Integrity@hnfs.com

Mail: Health Net Federal Services
Program Integrity
PO BOX 10310
Virginia Beach, VA 23450-10310

Name of Subject to be Investigated: _____	Is the subject a beneficiary or provider? ◯ Beneficiary ◯ Provider
If subject is a beneficiary, include the Sponsor's Social Security number or DoD Benefits Number: _____ Date of Birth: _____	If subject is a provider, include provider Tax Identification Number and/or address: _____
Your Name: _____	Preferred Method of Contact: ☐ Email _____ ☐ Phone _____
Date(s) of Incident(s): _____	Claim Number (if applicable): _____

Describe concern(s): Please include what happened, when it happened and where it happened. Be specific about any statements made to you and include the full names of individuals involved, if possible. Try to describe the events in the order in which they happened. You may attach additional pages or supporting documentation.