



Anyone who in good faith reports a violation is protected from any retaliation by the Company. Good faith reporting of suspected fraud, waste and abuse is expected and accepted behavior.

COMPLIANCE AND FRAUD, WASTE AND ABUSE REPORTING FORM

As a Medicare contractor, Ultimate Health Plans is required to have a comprehensive plan to detect, correct and prevent fraud, waste and abuse. Ultimate Health Plans takes your concerns seriously. Please make your report as accurate and truthful as possible. Do not intentionally include false or misleading information in your report. The intentional reporting of false or misleading information can result in civil and/or criminal liability.

Use of this form will ensure that we process your concerns in an efficient manner. Be sure to complete all sections of the report but contact information is optional.

I agree to the above terms and conditions of making this report.

REPORTER PRIVACY

Ultimate Health Plans provides this form to submit reports of alleged misconduct of other potential violations. Unless you identify yourself, all reports received through this form are confidential and anonymous. We value your right to privacy on all reported information and we will not knowingly disclose any information that would identify you without your express permission. If you wish to remain anonymous, please do not report information in a manner that may personally identify you. For example:

- Do not include your relationship to persons identified in your report.
- Do not include your physical location relative to persons or incidents in your report.

Do you wish to remain ANONYMOUS for this report?

Yes

No

Your First Name

Your Last Name

Your Phone Number (###-###-####)

Your Email Address

Best time to communicate with you

Are you an employee of Ultimate Health Plans?

Yes

No

ABOUT THE INCIDENT YOU ARE REPORTING

Where did this incident or violation occur? (We recognize that this incident may not have occurred in a particular location. However, if this incident was observed some in documentation or business transactions, please indicate this accordingly.)

Please provide the specific or approximate time this incident occurred. For example, Monday, April 12, 2014 or Two weeks ago or Approximately these months ago.

How long do you think this problem has been going on?

How did you become aware of this violation? (Select one)

It happened to me I observed it I heard it Told to me by a coworker
Told to me by someone outside the company Accidentally overheard it
Accidentally found a document or file Other

If other, how?

Please identify the person(s) engaged in this behavior. Please provide first name, last name and title, if known.

- John Doe, Director of Sales
- Unknown Unknown, Night Manager

#1

#2

Do you suspect or know that a supervisor or management is involved?

Yes No Do Not Know - Do Not Wish to Disclose

Please identify any persons who may have attempted to conceal this problem and the steps they took to conceal if (for example: ignored it, changed documents, said it was not a problem, said they would look into it).

Please provide all details regarding the alleged violation, including the locations of witnesses and any other information that could be valuable in the evaluation and resolution of this situation. Please take your time and provide as much detail as possible. Please consider whether it's important to let us know if you are the only person aware of this situation. Include attachments, if appropriate.