MHM Healthcare, Inc.

MHM Healthcare (MHM) takes non-compliance, fraud, waste and abuse seriously. Protecting against fraud, waste and abuse and reporting compliance is everyone's responsibility.

Please use this form to report any fraud, waste and abuse or compliance concerns. Complete as much of the requested information as you can.

Note: Even if you chose to provide your contact information, your identity will be kept confidential. Anonymous reporting requires enough information to review the concern. MHM will ensure there is no retaliation of any kind against any individual who reports a compliance concern/incident.

'*' Indicates required field.

Contact Information		
Phone Number:	Last Name:	ess:
City:		Zip Code:
	Compliance Concern Infor	rmation
*Health Plan:		Date Reported:
	orted through the MHM Healthcare i e date that the concern was reporte	incident hotline? ed to the hotline. Date:
Type of Incident:	Code of Conduct Violation	Claims/Encounters
Delivery of ServiceFinancial	Provider Fraud/Abuse Other (please specify):	Member Fraud
Note: MHM Healthcare has	apolicy on non-retaliation for incide	ent reporting in good faith.
*Date of Incident:	Concern Involves:	
• •	·	v <u>or</u> attach additional documentation. and how you became aware of this issue.

* I attest that this information is accurate and that I am reporting in good faith. Send this report via methods below:

Confidential Incident Reporting Methods

fraud_waste_&_abuse_incident@mhmhealth.com or compliance_incident@mhmhealth.com confidential phone and voicemail: (909) 500-0509, confidential fax: (866) 854-8079 Written Report Attention: MHM Compliance Department 301 E. Vanderbilt Way, Suite 440, San Bernardino, CA, 92408