



Missouri Care[™]
H E A L T H P L A N

Compliance Issue Reporting Form

Date: _____

Type of compliance issue (check all that apply):

- Reportable compliance event
 Suspected fraud/abuse
 Privacy incident (e.g. unlawful or accidental disclosure of health information)
 Security Incident
 Other: search warrant, interview/Investigation, risk management issue, sanction, etc.

Type of individual/entity involved (check all that apply):

- Member
 Provider
 Employee
 Other (e.g. subcontractor)

Provider/Member Name: _____ **Provider/Member ID #:** _____

Prior authorization or claim number(s): _____

Reported by [Enter Name/Department] (optional): _____ **Phone ext:** _____

Please explain how you become aware of the issue you are reporting:

Please explain the issue you are reporting:

(Who, what, where, when, etc. Please attach any documentation that may help to review the issue.)

Please forward this form to the designated Compliance Officer.

Last Revised: October 2004