



**CONFIDENTIAL**

Delta Case #: \_\_\_\_\_

**NOTIFICATION OF SUSPICIOUS WASTE, ABUSE OR FRAUD ACTS  
IN THE TEXAS DENTAL CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)**

Send Notification to Sheryl Rawlinson, Plan Administrator for Waste, Abuse and Fraud at:

Mailing Address: 11155 International Drive, Rancho Cordova, CA 95670  
Telephone: 1 (916) 861-2370 or Toll-Free 1 (866) 561-5892  
E-mail: [SRawlinson@delta.org](mailto:SRawlinson@delta.org)  
Fax: Toll-Free 1 (800) 448-1235

**SEE DEFINITIONS AND EXAMPLES OF WASTE, ABUSE AND FRAUD ON PAGE 2**

**NOTIFICATION SOURCE**

Person Submitting Notification: Name \_\_\_\_\_  
(Information is preferred, but not required) Address \_\_\_\_\_

Phone Number \_\_\_\_\_ If anonymous, check here

E-mail \_\_\_\_\_ Return Call Requested? Yes  No

Date of Notification \_\_\_\_\_ Convenient Time to Call Hour \_\_\_\_\_ Day \_\_\_\_\_

Submitting Individual is Affiliated With: (Check one below)

- Dental Provider
- Member/Member Family
- Government Agency
- Employee/Subcontractor Employee
- Dental Office Staff Member
- Other (Anonymous, Citizen, etc.)

Individual actually observing/identifying the act(s), if different than the submitting individual above;

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**PERSON(S) ALLEGEDLY INVOLVED IN THE ISSUE: (Check applicable box)**

- Provider
- Member
- Employee of Dental Plan or Subcontractor

**Dental Provider Information** (if applicable and available)

Name \_\_\_\_\_ Provider ID # \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**Member Information** (if applicable and available):

Name \_\_\_\_\_ Member ID # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Address and Phone # \_\_\_\_\_

**Employee Information** (if applicable and available):

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## DESCRIPTION OF ISSUE:

(Please include the Who, What, Where, and When of the issue; include as much information as possible. Please do not use abbreviations)

Estimated dollar loss to the program (if known) \$ \_\_\_\_\_

Name of person(s) committing the suspicious act(s) (if known) \_\_\_\_\_

Narrative description (Narrative may be continued using additional paper.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AGENCIES NOTIFIED:            HHSC            HHSC-OIG            Board of Dental Examiners            Police            Other

Date Notified:            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_            \_\_\_\_\_

## DEFINITIONS OF WASTE, ABUSE AND FRAUD

WASTE means any practices that allow careless spending and/or inefficient use of resources under the Texas Dental CHIP.

ABUSE means provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost, or in reimbursement for services that are not medically necessary or do not meet professionally recognized standards for health care.

FRAUD means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

## EXAMPLES OF WASTE, ABUSE AND FRAUD

### **Falsifying Claims**

Altering/Falsifying Claim or Supporting Documentation  
Billing for Services not Dentally Necessary  
Violating CHIP Policies, Regulations and/or Statutes  
Incorrect Coding  
Double Billing  
Billing for Services Not Rendered  
Misrepresentation of Services/Supplies  
Substitution of Services  
Soliciting Kickbacks

### **Administrative/Financial**

Kickbacks or Collusion  
Fraudulent/Falsified Credentials  
Fraudulent/Falsified Business /Accounting Practices or Documents  
Services Not Provided  
Embezzlement

### **Delivery of Services**

Denying Access to Services/Benefits  
Limiting Access to Services/Benefits  
Failure to Refer to a Needed Specialist  
Underutilization  
Overutilization

### **Abuse of Member**

Physical Abuse  
Neglect  
Mental Abuse  
Emotional Abuse  
Sexual Abuse  
Discrimination  
Providing Substandard Care  
Financial Exploitation

### **Member Violations**

Abuse or Misuse of Dental Services  
Member Card Sharing  
Falsifying/Concealing Eligibility Information:  
    • Resource Misrepresentation  
    • Residency/Citizenship Status  
    • Family Composition  
    • Private Insurance  
Abuse or Misuse of Prescribed Medication  
Altering of Prescriptions

Please note, the above lists only a few examples of potential waste, abuse or fraud scenarios and is not all-inclusive. PLEASE REPORT ANY SUSPICIOUS ACTIVITY AND A DETERMINATION WILL BE MADE BY APPROPRIATE OFFICIALS.