



Referral Form: Fraud, Waste and Abuse

Please note that the following information is confidential. However, by disclosing your name, you may be contacted for additional information and may be required to testify by Centene Corporation or by the State's Department of Insurance.

To submit an anonymous referral, please fill in the information below and mail it to Centene Corporation, Attn: Compliance Department, 7700 Forsyth Blvd., St. Louis, MO 63105. If you do not wish to remain anonymous, please fill out the information below and email it to NTC-Compliance@NebraskaTotalCare.com.

If you have concerns about submitting the referral to the Compliance Officer for Wellcare, please forward the information to Centene Corporation, Attn: Compliance Department. You may also call the FWA hotline number at 1-866-685-8664 or the Centene/ Wellcare Compliance Hotline at 1-844-385-2192 (TTY 711).

| Name: | | |
|-------------------|--------------------------------|---------------------|
| Date: | Plan: | Phone Number: |
| Provider/Membe | er Name: | |
| Provider/Membe | er ID (if available): | |
| If a provider, wh | at type of provider/specialty? | |
| What is the relat | ionship of the informant to th | ne provider/member? |

FWA hotline: 1-866-685-8664 WellcareNE.com

| What is the potential FWA Issue? | | | |
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| How did you become aware of the potential issue? | | | |
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| Have you discussed the potential issue with anyone else? | | | |
| If yes, with whom? | | | |
| If you have any additional information that would be helpful during the investigation, please list it below: | | | |
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