

STATE PROGRAM INTEGRITY ASSESSMENT (SPIA) FACT SHEET

JUNE 2010

Background

Under section 1936 of the Social Security Act (the Act), Congress directed the Centers for Medicare & Medicaid Services (CMS) to establish the Medicaid Integrity Program, CMS' first national strategy to combat Medicaid fraud, waste, and abuse. The Act provided needed resources to CMS for the prevention, earlier detection, and reduction of fraud, waste, and abuse in the Medicaid program.

Under the leadership of the Medicaid Integrity Group (MIG), CMS has two broad responsibilities under the MIP:

- 1) Reviewing the actions of individuals or entities providing services or furnishing items under Medicaid; conducting audits of claims submitted for payment; identifying overpayments; and educating providers and others on payment integrity and quality of care issues; and
- 2) Providing effective support and assistance to States to combat Medicaid fraud, waste, and abuse.

In order to support the second of these requirements, MIG developed the State Program Integrity Assessment (SPIA). The SPIA represents the first CMS approach to annually collect standardized, national data on State Medicaid program integrity activities for the purposes of program evaluation and technical assistance support.

As required by the Paperwork Reduction Act of 1995, MIG has undergone the clearance process to obtain approval from the Office of Management and Budget (OMB) for the national data collection. The process included 60-day and 30-day public comment periods following the publication of notices in the Federal Register. CMS received final approval from OMB in February 2008.

Medicaid Integrity Program Advisory Committee

As part of the development and planning for the SPIA, the MIG established a Medicaid Integrity Program Advisory Committee comprised of State and Federal program integrity officials. The Advisory Committee provided extensive input and feedback on the proposed approach to the national SPIA system, including participation in two face-to-face meetings in December 2006 and March 2007. The Advisory Committee was also actively involved in providing feedback on revisions to the instrument throughout the OMB approval process.

SPIA Case Study Pilot

In early 2007, the MIG conducted a case study pilot to aid in the design and development of an approach to the national SPIA system. Objectives of the pilot included:

- Defining what activities should be included under the umbrella of Medicaid program integrity;
- Surveying the landscape of State Medicaid integrity programs to identify current program integrity activities and State approaches to measuring return on investment; and
- Examining the technical and programmatic aspects of developing a State-level program integrity assessment system.

Nine States volunteered to participate in the SPIA case study: California, Florida, Louisiana, Maryland, Minnesota, Pennsylvania, Texas, Washington, and Wisconsin. The MIG assured each State that participation in the project was solely a learning opportunity, not an evaluation of its individual performance.

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Use of Information

Data from SPIA can be used to:

- Develop reports on program integrity data for each State;
- Determine areas to provide States with technical support & assistance; and
- Develop measures to assess States' performance.

Further, States can use the data from SPIA to assist with process improvement activities and explore what other States are doing within their program integrity programs.

Reporting

Individual reports for each State are available on the Medicaid Integrity Program website at <http://www.cms.gov/MedicaidIntegrityProgram>. A complete dataset is also available for research and analysis purposes.

Contacts

For additional information, please visit our website at <http://www.cms.gov/MedicaidIntegrityProgram>.

For questions, please email: SPIA@cms.hhs.gov.