# FY 2010 State Program Integrity Assessment Dataset

| State | Medicaid Enrollment - FFS | Medicaid Enrollment - Comprehensive MC | Medicaid Enrollment - PCCM | Medicaid Enrollment - Other | Medicaid Enrollment - Total | Organizational structure for Medicaid Integrity activities |
|---|---|---|---|---|---|---|
| State | Q6a | Q6b | Q6c | Q6d | Q6Total | Q7 |
| Alabama | 253,112 | 38,173 | 586,947 | 0 | 878,232 | Distinct Program Integrity Model |
| Alaska | 126,062 | 0 | 0 | 0 | 126,062 | Distinct Program Integrity Model |
| Arizona | 151,342 | 1,152,283 | 0 | 0 | 1,303,625 | Inspector General (IG) Model |
| Arkansas | 755,607 | 0 | 0 | 0 | 755,607 | Distinct Program Integrity Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| California | 3,368,919 | 3,997,708 | 0 | 31,339 | 7,397,966 Distinct Program Integrity Model |
| Colorado | 427,575 | 44,900 | 23,658 | 17,511 | 513,644 Distinct Program Integrity Model |
| Connecticut | 111,246 | 389,549 | 0 | 0 | 500,795 Distinct Program Integrity Model |
| Delaware | 85,171 | 182,583 | 0 | 9,171 | 276,925 Distinct Program Integrity Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| District of Columbia | 56,599 | 148,576 | 0 | 0 | 205,175 | Distinct Program Integrity Model |
| Florida | 1,114,019 | 1,310,093 | 603,550 | 0 | 3,027,662 | Inspector General (IG) Model |
| Georgia | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| Hawaii | 2,170 | 259,266 | 0 | 0 | 262,548 | Hybrid Model |
| Idaho | 275,771 | 1,110 | 224,791 | 0 | 501,672 | Hybrid Model |

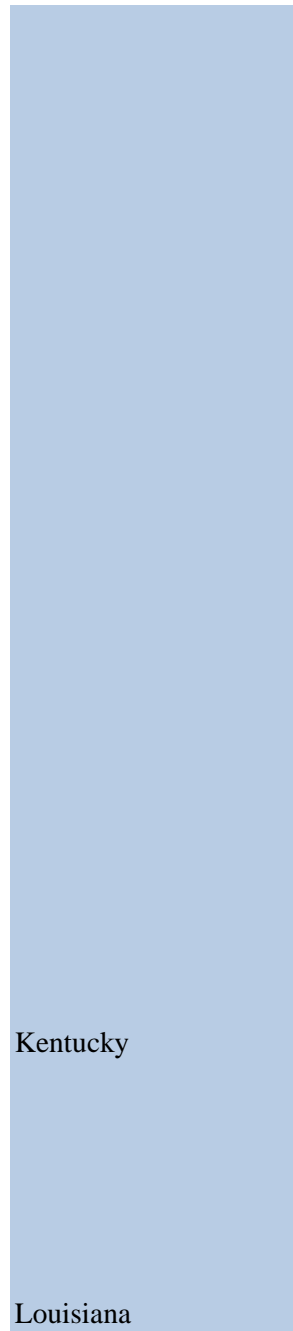# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Illinois | 716,495 | 262,539 | 2,153,864 | 0 | 3,132,898 Inspector General (IG) Model |
| Indiana | 672,476 | 871,971 | 0 | 62,029 | 1,606,476 Distinct Program Integrity Model |
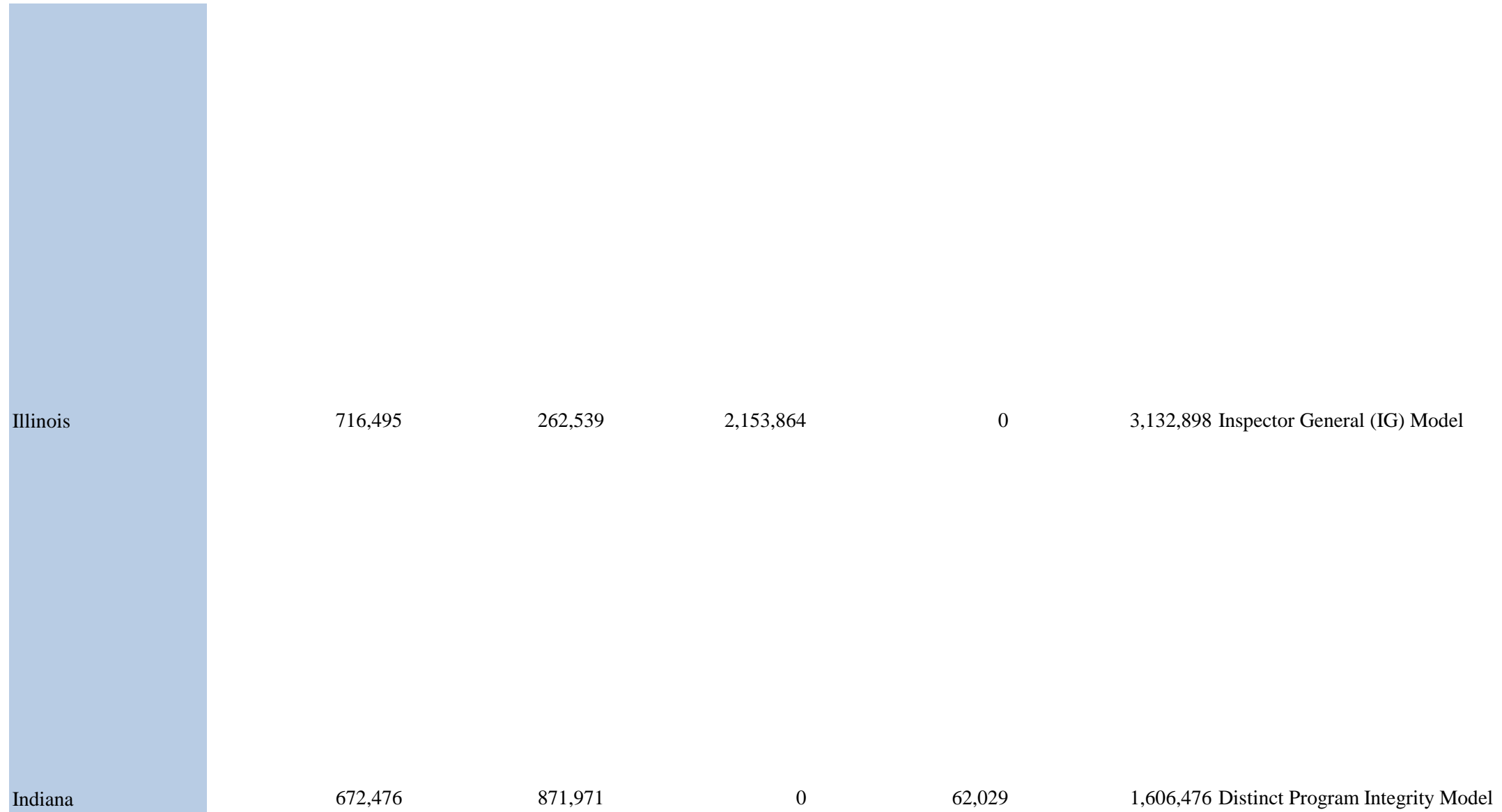
# FY 2010 State Program Integrity Assessment Dataset

| State | | | | | | |
|---|---|---|---|---|---|---|
| Iowa | 252,208 | 0 | 189,368 | 0 | 441,576 | Distinct Program Integrity Model |
| Kansas | 338,954 | 140,630 | 22,911 | 0 | 502,495 | Hybrid Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Kentucky | 660,515 | 155,126 | 340,538 | 683,272 | 815,641 Hybrid Model |
| Louisiana | 436,269 | 0 | 887,623 | 252 | 1,324,144 Hybrid Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Maine | 345,673 | 0 | 0 | 0 | 345,673 Distinct Program Integrity Model |
| Maryland | 186,627 | 693,293 | 0 | 48,665 | 928,585 Hybrid Model |
| Massachusetts | 483,438 | 475,929 | 300,272 | 0 | 1,259,639 Hybrid Model |
| Michigan | 844,740 | 1,178,043 | 0 | 0 | 2,022,783 Distinct Program Integrity Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Minnesota | 237,107 | 476,640 | 0 | 0 | 713,747 Hybrid Model |
| Mississippi | 660,903 | 0 | 0 | 0 | 660,903 Distinct Program Integrity Model |
| Missouri | 453,710 | 446,118 | 0 | 0 | 899,828 Distinct Program Integrity Model |

# FY 2010 State Program Integrity Assessment Dataset
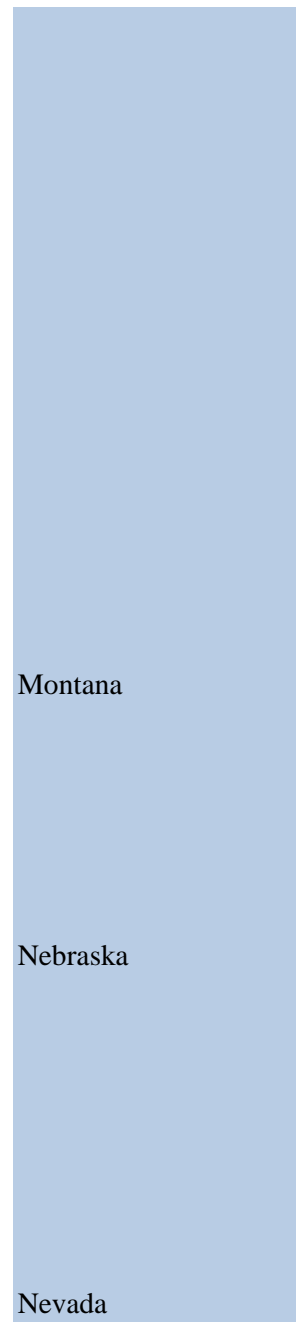
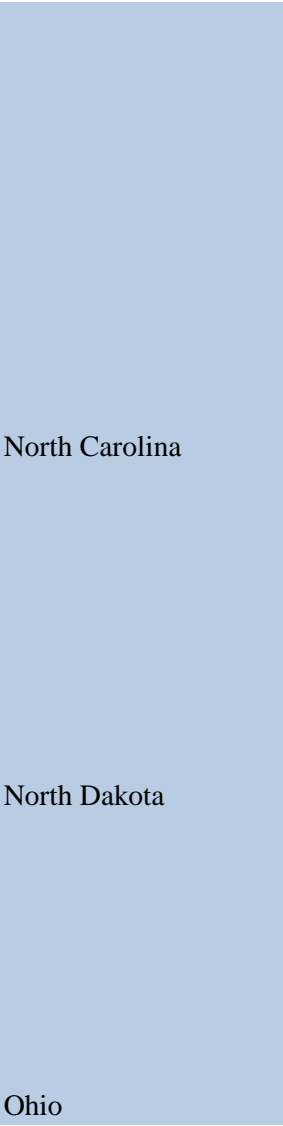| | | | | | |
|---|---|---|---|---|---|
| Montana | 212,199 | 0 | 0 | 0 | 212,199 Distinct Program Integrity Model |
| Nebraska | 136,547 | 49,367 | 42,534 | 0 | 228,448 Distinct Program Integrity Model |
| Nevada | 125,982 | 168,471 | 0 | 0 | 294,453 Hybrid Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| New Hampshire | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| New Jersey | 125,507 | 1,141,364 | 0 | 481 | 1,267,352 | Hybrid Model |
| New Mexico | 138,156 | 436,119 | 0 | 0 | 574,275 | Distinct Program Integrity Model |
| New York | 1,187,180 | 3,193,067 | 15,426 | 33,344 | 4,429,017 | Inspector General (IG) Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| North Carolina | 1,976,973 | 0 | 0 | 108,413 | 2,085,386 Distinct Program Integrity Model |
| North Dakota | 45,530 | 0 | 56,585 | 60 | 102,175 Hybrid Model |
| Ohio | 459,287 | 1,588,969 | 0 | 0 | 2,048,256 Hybrid Model |

# FY 2010 State Program Integrity Assessment Dataset
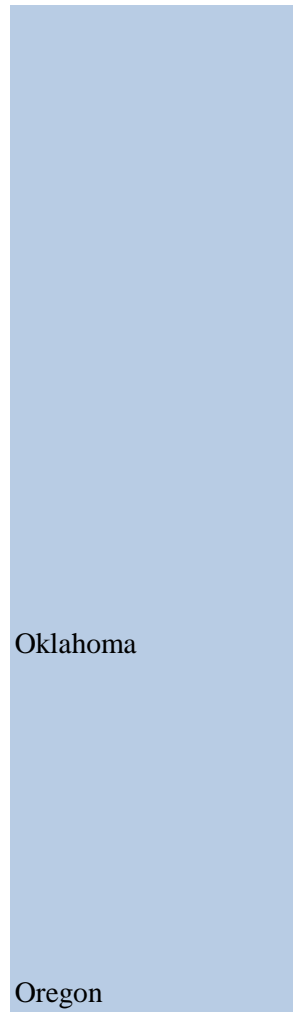
| Oklahoma | 288,261 | 0 | 571,729 | 0 | 859,990 Distinct Program Integrity Model |
| Oregon | 94,665 | 386,411 | 3,530 | 0 | 484,606 Distinct Program Integrity Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Pennsylvania | 479,468 | 1,229,554 | 325,238 | 26,345 | 2,060,605 Distinct Program Integrity Model |
| Rhode Island | 67,121 | 132,562 | 3,019 | 0 | 202,702 Hybrid Model |
| South Carolina | 337,931 | 392,782 | 0 | 111,345 | 842,058 Distinct Program Integrity Model |
| South Dakota | 113,765 | 0 | 91,469 | 0 | 205,234 Distinct Program Integrity Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Tennessee | 0 | 1,200,000 | 0 | 80,000 | 1,280,000 Hybrid Model |
| Texas | 212,766 | 0 | 0 | 3,146,799 | 3,359,565 Hybrid Model |
| Utah | 211,439 | 0 | 0 | 0 | 211,439 Hybrid Model |
| Vermont | 4,285 | 0 | 100,152 | 56,507 | 160,944 Distinct Program Integrity Model |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Virginia | 340,609 | 674,808 | 45,423 | 0 | 1,060,840 Distinct Program Integrity Model |
| Washington | 1,229,104 | 885,660 | 11,292 | 10,780 | 2,136,836 Distinct Program Integrity Model |
| West Virginia | 239,920 | 165,258 | 0 | 0 | 405,178 Distinct Program Integrity Model |
| Wisconsin | 599,501 | 698,327 | 0 | 0 | 1,297,828 Distinct Program Integrity Model |

# FY 2010 State Program Integrity Assessment Dataset
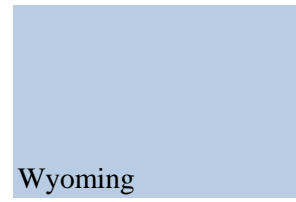
| Wyoming | 88,519 | 0 | 0 | 0 | 88,519 Distinct Program Integrity Model |

contact the State directly.

| Activities that the State includes under the scope of Medicaid Integrity | Activities that the State includes under the scope of Medicaid Integrity | Medicaid Integrity activities that the State contracts out | Medicaid Integrity activities that the State contracts out |
|---|---|---|---|
| Q8 | Q8Other | Q9 | Q9Other |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | Provider Enrollment, Provider Education/Communications | NA |
| Audits, Investigations | NA | Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications | NA |
| Audits, Investigations, Provider Enrollment, Managed care oversight | NA | None | None |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Other | Provider appeals | Provider Enrollment, Provider Education/Communications | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | Technical Assistance and Training; Program Oversight, Including Desk Monitoring and On-Site Certification Surveys, and On-Site Provider Reviews; Program Authority: State Plan revision/implementation for CMS requirements, implement changes related to legislation; review and approve provider claims for reimbursements; revis payment systems for CMS requirements. | SURS/Data Mining | NA |
| Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | Audits, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | Audits, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA |
| Audits, SURS/Data Mining, Provider Education/Communications, Other | TPL, Code Maintenance, External Audits, Claims Resolution | Provider Enrollment, Provider Education/Communications, Other | EQRO |

| | | | |
|---|---|---|---|
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | Third Party Liability | Audits, Provider Enrollment | NA |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | Other | TPL vendor also performs generalized analyses which result in recoveries |
| Report Not Received | | Report Not Received | |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight | NA | Provider Education/Communications | NA |
| Audits, Investigations, SURS/Data Mining, Provider Education/Communications | NA | None | None |

Audits, SURS/Data Mining, Other

Administrative Litigation, Administrative Services, Fraud and Abuse Executive, Speical Provider Audits, Administration. All of these activities noted in #8 are within the Office of Inspector General

Audits, Other

Contractual SAS Programmer, Medicaid Transformation Grant contractors

Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other

TPL and Prepayment Review

Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications

NA

# FY 2010 State Program Integrity Assessment Dataset

Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Other   PERM,Member Lock-In

Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications   NA

Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other   TPL, PA, PERM

Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Other   TPL, PA, PERM

# FY 2010 State Program Integrity Assessment Dataset

Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight, Other     TPL

Audits, SURS/Data Mining, Provider Education/Communications, Other     TPL Commercial Insurance Billings, Data Matching, Subrogation and Estate Cases, Medicare Recoupments, Credit Balance Audits, KHIPP

Audits, Investigations, SURS/Data Mining, Provider Enrollment, Other     PERM

Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications     NA

| | | | |
|---|---|---|---|
| Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications | NA | None | None |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | Management of child dental services and specialty mental health care; Payment Error Rate Measurements results. | Audits, Managed care oversight, Other | Preauthorization/management of dental and specialty mental health care; assignment of matrix score/reimbursement amount for DDA community-based consumers |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | OCA-UM Non-Institutional Provider Review | Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Other | OCA-UM Non-Institutional Provider Rview has contract with MassPro for peer reviews |
| Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Managed care oversight, Other | The Managed care oversight provided under the scope of Medicaid Integrity is one section (6) of the site tool | Audits | NA |

# FY 2010 State Program Integrity Assessment Dataset

Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other

Prior Authorizations

Other

Prior Authorizations

Audits, Investigations, SURS/Data Mining

NA

Audits, Investigations, SURS/Data Mining, Provider Enrollment

NA

Audits, Investigations, SURS/Data Mining, Other

Third Party Liability/Cost Recovery

SURS/Data Mining, Other

TPL recovery services through contractor HMS

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications | NA | Provider Enrollment, Provider Education/Communications, Other | Prior Authorizations/Max units |
| Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Managed care oversight | NA | Other | post-payment claims review |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight | NA | None | None |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | New Jersey Medicaid Integrity (MI) activities include a provider specific enrollment process. Complete background checks are done on all Laboratory, Pharmacist, and Durable Medical Equipment applicants and staff. MI recommends whether or not these provider types are approved or denied. The final decision is made by the Provider Enrollment Unit. Staff has access to J-SURS and to the Shared Data Warehouse and uses them for investigational purposes. However, there is a SURS unit that has worked independently from the MI unit. | Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | Medicaid Integrity activities are not contracted out. However, Medicaid has contracts with Unisys/Molina, its fiscal agent, to do most of the provider enrollment activities and provider education. Molina has an investigative unit but they are under the direct supervision of the Medicaid Integrity section. Molina's cost is included in Medicaid's contract with Molina and is not carved out., The state contracted out desk audits of pharmacies and DMEs to HMS for a three year period. |
| Audits, Investigations, SURS/Data Mining, Managed care oversight | NA | None | None |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | Third Party Liability, Restricted Recipient Program | Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Other | Development and maintenance of the Fraud Activity Comprehensive Tracking System; IT support and design; purchase of portable Card Swipe devices |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Other | Recoupments, pre-payment reviews, termination and suspension of providers | Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Other | Pre-payment reviews and post-payment reviews |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | SURS/Data Mining | NA |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | TPL, Prior Authorization, Provider Network Mgt., Clinical Operations, Cost Avoidance, Payment Edits | Audits, Other | Hospital Claims, RAC |

| | | | |
|---|---|---|---|
| Audits, Investigations, SURS/Data Mining | NA | Audits, Investigations, SURS/Data Mining, Other | For SFY 2008, OHCA contracted with APS Healthcare Midwest, Inc. to perform post-payment utilization reviews to assess appropriate use of medical services provided to SoonerCare members. The reviews pertain to (1) fee-for-service inpatient hospital retrospective reviews; (2) fee-for-service outpatient hospital observation services retrospective reviews; and (3) retrospective reviews of charts regardi ng outpatient/rehabilitative services delivered in Community mental Health Centers. OHCA also contracts with The Board of Regents of the University of Oklahoma Health Sciences Center College of Pharmacy (COP) to perform prospective and retrospective drug reviews. The COP is also contracted to administer the pharmacy lock-in program. |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | Provider/TPL recoveries. State staff conduct field reviews of Brokerages and CDDPs. Included is an examination of the legitimcy of billings to CMS (a sampling of targeted case management encounters are verified as is a sampling of waiver services) | Managed care oversight, Other | DMAP - EQRO. AMH - contracts with Accumentra as an External Quality Review Organization to conduct Certificate of Need determinations and FFS child and adolescent utilization management |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Managed care oversight, Other | Recipient Restriction, SVRS Reviews | Managed care oversight, Other | CGI - DRG Validation Project |
| Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA |
| Audits, Investigations, SURS/Data Mining, Managed care oversight, Other | Recipient lock-in, exclusions | Audits, Investigations, Provider Enrollment | NA |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | Contract oversight, Waiver oversight | Other | Inpatient Hospital Claim Reivews, Dental Program, TPL Data Matching |

| | | | |
|---|---|---|---|
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | handle administrative remedies; fraud/abuse/waste related overpayment recoveires | Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications | NA |
| Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Other | TPL, program monitoring (e.g. onsite visits, ride-alongs, claims reconciliations, client surveys) | SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | TPL |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | Managed care oversight | NA |
| Audits, Investigations, SURS/Data Mining | NA | Other | Algorithms, data mining through Optum Insight |

| | | | |
|---|---|---|---|
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | KePro, TPL & claim check prepayment software | Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other | KeyPro, TPL & Claimcheck |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | Managed care oversight, Other | Contract with OptumInsight (formerly Ingenix) to provide data warehouse and fraud and abuse detection system which includes applications and tools utilized by HCA staff to create reports, run queries, review analytics/models, conduct data searches, create statistically stratified samples, and track cases and recovery management |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA | Audits, Investigations, Provider Enrollment, Provider Education/Communications, Managed care oversight | NA |
| Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight, Other | Prior Authorization; Estate Recovery; Casualty Recovery | Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight, Other | Audit Support |

# FY 2010 State Program Integrity Assessment Dataset

Audits, Investigations, SURS/Data
Mining, Provider Enrollment,
Provider
Education/Communications, Other   TPL, Federal Programs

Audits, Investigations, SURS/Data
Mining, Provider Enrollment,
Provider
Education/Communications        NA

# FY 2010 State Program Integrity Assessment Dataset

| Expenditures for Medicaid Integrity activities - Audits | Expenditures for Medicaid Integrity activities - Investigations | Expenditures for Medicaid Integrity activities - SURS/Data Mining | Expenditures for Medicaid Integrity activities - Provider Enrollment | Expenditures for Medicaid Integrity activities - Provider Education/Communications | Expenditures for Medicaid Integrity activities - Managed care oversight | Expenditures for Medicaid Integrity activities - Other |
|---|---|---|---|---|---|---|
| Q10Audits | Q10Investigations | Q10SURS | Q10ProvEnroll | Q10ProvEdComm | Q10MC | Q10Other |
| $ 981,358.00 | $ 207,271.00 | $ 246,247.00 | $ - | $ - | $ 650,301.00 | $ 476,746.00 |
| $ 538,813.00 | $ - | $ 831,701.00 | $ - | $ - | $ - | $ 699,626.00 |
| $ 113,346.31 | $ 2,351,731.05 | $ - | $ 504,933.68 | $ - | $ - | $ - |
| $ 1,507,955.00 | $ - | $ - | $ - | $ - | $ - | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 33,373,391.66 | $ 14,510,399.18 | $ 2,902,742.62 | $ 8,065,629.18 | $ 949,510.60 | $ 603,540.00 | $ 10,080,515.33 |
| $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| $ 3,700,000.00 | $ - | $ 1,119,525.00 | $ 425,000.00 | $ 50,000.00 | $ - | $ - |
| $ 138,000.00 | $ 310,000.00 | $ 46,000.00 | $ - | $ - | $ - | $ 560,000.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 1,818,776.06 | $ 765,447.00 | $ 609,513.00 | $ 468,456.00 | $ - | $ 6,745,063.00 | $ - |
| $ 8,519,849.00 | $ - | $ - | $ - | $ - | $ - | $ 5,679,899.00 |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| $ - | $ - | $ 271,000.00 | $ 51,000.00 | $ 200,000.00 | $ 336,000.00 | $ - |
| $ - | $ - | $ 536,195.46 | $ - | $ - | $ - | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| $ | 4,317,214.90 | $ - | $ 2,260,159.41 | $ - | $ - | $ - | $ 1,582,221.40 |
| $ | 4,100,913.00 | $ 2,071,729.00 | $ 2,071,729.00 | $ 893,334.82 | $ 1,424,531.00 | $ 505,113.00 | $ 5,835,350.00 |

FY 2010 State Program Integrity Assessment Dataset

| $ | 1,446,717.00 | $ | 953,957.00 | $ | 565,476.00 | $ | 667,627.00 | $ | 249,142.00 | $ | - | $ | 525,946.00 |
| $ | 2,100,041.00 | $ | - | $ | 2,958,623.00 | $ | 276,748.00 | $ | 99,240.00 | $ | 5,000.00 | $ | 3,795,854.00 |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| $ | - $ | 133,131.58 $ | 672,588.51 $ | 692,444.11 $ | 427,507.00 $ | - $ | 6,340,815.72 |
| $ | - $ | 3,076,933.50 $ | 512,822.25 $ | 1,538,466.75 $ | - $ | - $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 1,528,151.00 | $ - | $ 61,382.00 | $ 562,380.00 | $ 1,094,478.00 | $ - | $ - |
| $ 6,558,416.00 | $ 634,336.00 | $ 151,877.00 | $ 360,000.00 | $ - | $ 1,062,696.00 | $ 12,488,604.00 |
| $ 4,500,000.00 | $ 500,000.00 | $ 1,500,000.00 | $ 1,500,000.00 | $ 1,000,000.00 | $ - | $ 1,000,000.00 |
| $ - | $ - | $ - | $ - | $ - | $ - | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 624,000.00 | $ 1,438,000.00 | $ 172,000.00 | $ 1,082,000.00 | $ 652,200.00 | $ 790,600.00 | $ 2,202,700.00 |
| $ - | $ 737,911.97 | $ 69,438.24 | $ - | $ - | $ - | $ - |
| $ 1,085,319.00 | $ - | $ - | $ - | $ - | $ - | $ 5,168,534.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 541,613.34 | $ - | $ - | $ - | $ - | $ - | $ - |
| $ 113,500.00 | $ 160,250.00 | $ 1,335,280.00 | $ 12,500.00 | $ - | $ - | $ 233,960.00 |
| $ 473,626.46 | $ 36,558.00 | $ 639,152.42 | $ 107,930.74 | $ - | $ 53,518.35 | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
|---|---|---|---|---|---|---|
| $ 240,000.00 | $ 1,700,000.00 | $ 270,000.00 | $ 275,000.00 | $ 60,000.00 | $ 60,000.00 | $ 1,400,000.00 |
| $ - | $ - | $ - | $ - | $ - | $ - | $ 582,176.42 |
| $ 30,283,451.00 | $ 11,917,724.00 | $ 3,021,319.00 | $ 529,677.00 | $ 216,195.00 | $ 2,037,634.00 | $ 16,571,312.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 9,564,396.45 | $ 1,513,012.00 | $ 2,758,431.07 | $ 2,834,774.02 | $ - | $ - | $ 2,269,517.00 |
| $ 171,464.87 | $ 122,939.85 | $ 97,392.61 | $ 85,706.01 | $ 162,306.59 | $ 27,773.95 | $ 108,351.59 |
| $ 3,500,000.00 | $ 5,900,000.00 | $ 2,009,000.00 | $ 111,320.18 | $ 752,886.74 | $ 312,151.00 | $ 2,238,687.07 |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 1,953,913.30 | $ - | $ 1,021,865.02 | $ - | $ - | $ - | $ 60,347.09 |
| $ 773,153.99 | $ - | $ 70,040.23 | $ 444,880.80 | $ 27,840.96 | $ 181,292.00 | $ 1,039,700.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ - | $ - | $ 137,250.00 | $ - | $ - | $ - | $ 7,014,487.93 |
| $ 385,000.00 | $ 450,000.00 | $ 395,000.00 | $ 110,000.00 | $ 395,000.00 | $ 500,000.00 | $ - |
| $ 3,000,000.00 | $ - | $ - | $ - | $ - | $ - | $ - |
| $ 681,039.00 | $ - | $ 1,796,358.00 | $ 45,576.00 | $ - | $ 33,107.00 | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 150,000.00 | $ 70,000.00 | $ 900,000.00 | $ 225,000.00 | $ 165,000.00 | $ 800,000.00 | $ 4,575,000.00 |
| $ 8,136,227.00 | $ 15,862,100.00 | $ 5,876,922.00 | $ 1,500,321.00 | $ - | $ 3,222,100.00 | $ 1,117,387.00 |
| $ - | $ - | $ - | $ - | $ - | $ - | $ 1,281,681.00 |
| $ 198,952.12 | $ 198,952.13 | $ 495,000.00 | $ - | $ - | $ - | $ - |

## FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 14,766,913.91 | $ 1,137,309.24 | $ 181,542.95 | $ 1,743,137.92 | $ 1,362,733.02 | $ 3,021,047.43 | $ 8,683,011.93 |
| $ 1,942,577.00 | $ - | $ 805,849.00 | $ 828,893.00 | $ 377,042.00 | $ 810,000.00 | $ 4,286,535.00 |
| $ 442,682.22 | $ - | $ - | $ - | $ - | $ - | $ - |
| $ - | $ - | $ - | $ - | $ - | $ - | $ - |

| | | | | | | |
|---|---|---|---|---|---|---|
| $ 252,728.00 | $ 74,416.00 | $ 123,998.00 | $ 26,850.00 | $ 6,550.00 | $ - | $ 158,160.00 |

# FY 2010 State Program Integrity Assessment Dataset

| Expenditures for Medicaid Integrity activities - Total | Medicaid Integrity FTEs - AuditsFilled | Medicaid Integrity FTEs -AuditsVacant | Medicaid Integrity FTEs - InvestigationsFilled | Medicaid Integrity FTEs - InvestigationsVacant | Medicaid Integrity FTEs - SURS/Data MiningFilled |
|---|---|---|---|---|---|
| Q10Total | Q11AuditsFilled | Q11AuditsVac | Q11InvFilled | Q11InvVac | Q11SURSFilled |
| $ 2,561,923.00 | 8 | 2 | 5 | 2 | 22 |
| $ 2,070,140.00 | 3 | 0 | 0 | 0 | 0 |
| $ 2,970,011.04 | 0 | 0 | 33 | 0 | 5 |
| $ 1,507,955.00 | 15 | 3 | 1 | 0 | 1 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ | 70,485,728.57 | 594.2 | 72 | 141 | 45 | 111 |
| $ | - | 8 | 0 | 9 | 1 | 11 |
| $ | 5,294,525.00 | 26 | 4 | 5 | 0 | 5 |
| $ | 1,054,000.00 | 2 | 0 | 3 | 0 | 1 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ | 10,407,255.06 | 0 | 0 | 0 | 0 | 0 |
| $ | 14,199,748.00 | 53 | 0 | 5 | 0 | 14 |
| $ | - | 0 | 0 | 0 | 0 | 0 |
| $ | 858,000.00 | 0 | 0 | 0 | 1 | 2 |
| $ | 536,195.46 | 6 | 1 | 1 | 0 | 1 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 8,159,595.71 | 44 | 0 | 0 | 0 | 19 |
| $ 16,902,699.82 | 11 | 9 | 6 | 5 | 2 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ | 4,408,865.00 | 10 | 0 | 1 | 0 | 1 |
| $ | 9,235,506.00 | 13.5 | 0 | 0 | 0 | 18 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 8,266,486.92 | 6 | 1 | 14 | 3 | 6 |
| $ 5,128,222.50 | 0 | 0 | 44 | 0 | 2 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 3,246,391.00 | 28 | 0 | 0 | 0 | 1 |
| $ 21,255,929.00 | 52 | 0 | 11 | 0 | 3 |
| $ 10,000,000.00 | 6 | 0 | 7 | 0 | 15 |
| $ - | 0 | 0 | 0 | 0 | 3 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 6,961,500.00 | 7 | 0 | 15 | 0 | 2 |
| $ 807,350.21 | 0 | 0 | 18 | 4 | 2 |
| $ 6,253,853.00 | 22 | 4 | 2 | 0 | 1 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 541,613.34 | 7 | 2 | 0 | 0 | $ 1 |
| $ 1,855,490.00 | 2 | 0 | 4 | 0 | $ 1 |
| $ 1,310,785.97 | 6.5 | 0 | 15 | 0 | 8 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ - | 0 | 0 | 0 | 0 | 0 |
| $ 4,005,000.00 | 12 | 0 | 25 | 0 | 14 |
| $ 3  582,176.42 | 2 | 0 | 2 | 0 | 3 |
| $ 64,577,312.00 | 299 | 70 | 110 | 27 | 28 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 18,940,130.54 | 2 | 0 | 66 | 8 | 0 |
| $ 775,935.47 | 2.6 | 0 | 2 | 0 | 1.7 |
| $ 14,824,044.99 | 40 | 0 | 57 | 0 | 19 |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ | 3,036,125.41 | 13 | 0 | 0 | 0 | 12 |
| $ | 2,536,907.98 | 12.25 | 2 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 7,151,737.93 | 76 | 0 | 0 | 0 | 0 |
| $ 2,235,000.00 | 3 | 0 | 8 | 0 | 3 |
| $ 3,000,000.00 | 19 | 3 | 0 | 0 | 3 |
| $ 2,556,080.00 | 8 | 1 | 21 | 0 | 4 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ | 6,885,000.00 | 2 | | 1 | | 10 |
| $ | 35,715,057.00 | 118 | 9 | 41 | 3 | 16 |
| $ | 1,281,681.00 | 6 | 0 | 11 | 0 | 1 |
| $ | 892,904.25 | 3.5 | 0 | 3.5 | 0 | 1 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 30,895,696.40 | 34 | 4 | 18 | 0 | 2 |
| $ 9,050,896.00 | 22 | 2 | 0 | 0 | 9 |
| $ 442,682.22 | 7 | 0 | 7 | 0 | 7 |
| $ - | 42 | 0 | 0 | 0 | 1 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 642,702.00 | 4.5 | 0 | 1.5 | 0 | 3 |

| Medicaid Integrity FTEs - SURS/Data MiningVacant | Medicaid Integrity FTEs - ProviderEnrollmentFilled | Medicaid Integrity FTEs - ProviderEnrollmentVacant | Medicaid Integrity FTEs - ProviderEducCommFilled | Medicaid Integrity FTEs - ProvEdCommVacant | Medicaid Integrity FTEs - OtherDescribe |
|---|---|---|---|---|---|
| Q11SURSVac | Q11ProvEnrFilled | Q11ProvEnrVac | Q11ProvEdCommFilled | Q11ProvEdCommVac | Q11OtherDescribe |
| 0 | 8 | 1 | 26 | | 2 NR |
| 0 | 0 | 0 | 0 | | 0 NR |
| 1 | 16 | 1 | 0 | | 0 NR |
| 1 | 1 | 0 | 0 | | 0 NR |

# FY 2010 State Program Integrity Assessment Dataset

| 4 | 77 | 16 | 50.25 | 3.5 NR |
|---|----|----|-------|--------|
| 0 | 8 | 0 | 17 | 0 Not Reported |
| 0 | 1 | 0 | 0 | 0 NA |
| 0 | 0 | 0 | 0 | 0 NR |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 NA |
| 0 | 1 | 0 | 3 | 0 NR |
| 0 | 0 | 0 | 0 | 0 Report Not Received |
| 2 | 4 | 0 | 0 | 0 NR |
| 0 | 0 | 0 | 0 | 0 NA |

# FY 2010 State Program Integrity Assessment Dataset

0          0          0          0          0 NR

1          14          0          12          0 NA

# FY 2010 State Program Integrity Assessment Dataset

| 1 | 13 | 0 | 4 | 0 NR |
|---|----|---|---|------|
| 0 | 4  | 0 | 1 | 0 NR |

# FY 2010 State Program Integrity Assessment Dataset

| 1 | 13 | 2 | 0 | 0 NR |
|---|---|---|---|---|

| 0 | 15 | 0 | 0 | 0 NR |
|---|---|---|---|---|

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0 | 10 | 0 | 23 | 0 NR |
| 0 | 6 | 0 | 0 | 0 NA |
| 0 | 15 | 1 | 7 | 2 NR |
| 0 | 0 | 0 | 0 | 0 NR |

# FY 2010 State Program Integrity Assessment Dataset

|   |   |   |   |   |
|---|---|---|---|---|
| 0 | 17 | 0 | 11 | 0 NA |
| 0 | 0 | 0 | 0 | 0 NA |
| 0 | 0 | 0 | 0 | 0 NR |

# FY 2010 State Program Integrity Assessment Dataset

| 0 | 0 | 0 | 0 | 0 NA |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 NR |
| 0 | 1.5 | 0 | 0 | 0 NR |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 Report Not Received |
| 0 | 0 | 0 | 0 | 0 NR |
| 0 | 0 | 0 | 0 | 0 NR |
| 6 | 5 | 0.1 | 2 | 1 NR |

| 0 | 3 | 1 | 0 | 0 NR |
| --- | --- | --- | --- | --- |
| 0 | 2 | 0 | 2 | 0 NR |
| 0 | 3 | 0 | 8 | 0 NR |

FY 2010 State Program Integrity Assessment Dataset

0          0          0          0          0 NA

1          8.15          0          0.6          0 NR

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 NA |
| 0 | 2 | 0 | 5 | 0 NA |
| 0 | 0 | 0 | 0 | 0 NA |
| 0 | 2.5 | 0 | 0 | 0 NR |

# FY 2010 State Program Integrity Assessment Dataset

|   |   |   |   |   |
|---|---|---|---|---|
| | 3 | | 3 | 0 |
| 0 | 5 | 0 | 0 | 0 NR |
| 0 | 6 | 0 | 1 | 0 NA |
| 0 | 0 | 0 | 0 | 0 NR |

# FY 2010 State Program Integrity Assessment Dataset

| 0 | 2 | 0 | 28 | 3 NR |
|---|---|---|---|---|
| 1 | 12 | 1 | 6 | 0 NR |
| 0 | 8 | 0 | 8 | 0 NA |
| 0 | 1 | 0 | 0 | 0 NA |

# FY 2010 State Program Integrity Assessment Dataset

0               0.75              0               0.3               0 NR

# FY 2010 State Program Integrity Assessment Dataset

| Medicaid Integrity FTEs - OtherFilled | Medicaid Integrity FTEs - OtherVacant | IT resources used to conduct Medicaid Integrity activities | IT resources used to conduct Medicaid Integrity activities - Other | State has documented strategic plan - FFS | State has documented strategic plan - MC |
|---|---|---|---|---|---|
| Q11OtherFilled | Q11OtherVac | Q12 | Q12Other | Q13FFS | Q13MC |
| 10 | 1 | Advanced SURS, Decision Support System | NA | Yes | Yes |
| 4 | 0 | SURS II, PC-based SURS, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting | NA | No | Not Applicable |
| 4 | 0 | Ad-hoc reporting, Managed care encounter data system | NA | Yes | Yes |
| 11 | 0 | Decision Support System | NA | Yes | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 288.5 | 16 | PC-based SURS, Fraud and Abuse Detection System, Decision Support System | SAS and Fair Isaac Tool, Relational Databases (SMART and CalOMS Tx), Access Database, TCM On-Line Payment System, Information Technology Services Division (ITSD), Access-Invoice Tracking Data Base, DHCS MIS-DSS Data Warehouse | Yes | Yes |
| 0 | 0 | Advanced SURS, Decision Support System, Ad-hoc reporting | NA | Yes | NA |
| 0 | 0 | Decision Support System, Ad-hoc reporting | DSS Profiler | No | No |
| 16 | 0 | SURS I, PC-based SURS | MMIS, COLD, Business Objects, Ad Hoc Reporting | No | No |

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | SURS II, Ad-hoc reporting | NA | No | No |
| 36 | 0 | Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | DSSProfiler, an HP(EDS) product, supplies us with SURS reporting | Yes | Yes |
| 0 | 0 | Report Not Received | | Report Not Received | Report Not Received |
| 10 | 9 | Ad-hoc reporting, Managed care encounter data system | SURS reports that are generated out of our HPMMIS system on a quarterly basis | Yes | Yes |
| 0 | 0 | Decision Support System, Ad-hoc reporting | NA | No | No |

| | | | | | |
|---|---|---|---|---|---|
| 55 | 0 | CS-based SURS, Decision Support System, Ad-hoc reporting | Predictive Modeling System | Yes | Yes |
| 0 | 0 | PC-based SURS, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system, Other, please specify: : Access and SQL, , | NA | Yes | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 9 | 0 | Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | NA | No | No |
| 26 | 0 | Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting | NA | No | No |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 3 | 1 | CS-based SURS, Decision Support System, Ad-hoc reporting, Managed care encounter data system | NA | No | No |
| 3 | 0 | CS-based SURS | Data Warehouse | No | NA |

| | | | | | |
|---|---|---|---|---|---|
| 9 | 0 | PC-based SURS, Decision Support System, Ad-hoc reporting | JSURS available as of 9-1-10 | No | NA |
| 3 | 0 | Advanced SURS, Decision Support System, Ad-hoc reporting, Managed care encounter data system | OIG Fraud Case Tracking System; OIG Fraud Detection Unit Database | No | No |
| 5 | 0 | SURS II, Decision Support System, Ad-hoc reporting, Managed care encounter data system | Team dedicated to SURS and other Program Integrity efforts | NA | NA |
| 17 | 5 | PC-based SURS, Ad-hoc reporting | NA | Yes | Yes |

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | Managed care encounter data system | Data Warehouse | No | No |
| 0 | 0 | CS-based SURS, Decision Support System | NA | Yes | No |
| 42 | 5 | Advanced SURS, Fraud and Abuse Detection System, Ad-hoc reporting | MMIS, Encounter Data and FFS | Yes | Yes |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | PC-based SURS, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting | Excel, MMIS, Query Path (ad-hoc data tool), OMNI Alert (fraud detection tool) | Yes | NA |
| 6 | 0 | PC-based SURS, Decision Support System, Ad-hoc reporting, Managed care encounter data system | NA | Yes | Yes |
| 0.8 | 0 | Decision Support System, Ad-hoc reporting | NA | No | No |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | Report Not Received | | Report Not Received | Report Not Received |
| 15 | 6 | Decision Support System, Ad-hoc reporting | J-SURS | Yes | Yes |
| 0 | 0 | Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | NA | Yes | Yes |
| 153 | 28 | SURS I, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | Data Warehouse; BI Query; Data Analyze; SPSS; Identity Insight; Salient | Yes | Yes |

| 28 | 0 | Advanced SURS, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting | NA | Yes | No |
| 1.6 | 0 | Decision Support System, Ad-hoc reporting | NA | No | No |
| 33 | 0 | Decision Support System, Ad-hoc reporting, Managed care encounter data system | MMIS, SAS, SPSS, Excel | No | No |

| | | | | | |
|---|---|---|---|---|---|
| 0.33 | 0 | Decision Support System, Ad-hoc reporting | The SURS subsystem is a RAMS III Unix SURS. The system has the ability to provide member or provider claim data, averages, comparative practice or utilization patterns. It has the ability to assign weights and rank providers or members related to their peers. Detailed claim service reports may be generated to specifically analyze each review. Business Objects is a software tool that is also utilized to querry and run ad hoc data reports from the MMIS data warehouse. BO can mine a universe of claims to isolate those with specific billing characteristics as well as claims specific to providers or members. | Yes | Yes |
| 2 | 1 | SURS I, SURS II, Advanced SURS, PC-based SURS, Decision Support System, Ad-hoc reporting, Managed care encounter data system | eXPRS | Yes | Yes |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | PROMISe, COLD Reporting System, RAT Stats, SPSS, MapInfo, Microsoft Office Products, Business Objects, Enterprise Data Warehouse Canned Reporting | Yes | Yes |
| 0 | 0 | RAMS II, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | NA | No | No |
| 0 | 0 | Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | NA | Yes | No |
| 0.5 | 0 | Ad-hoc reporting | MMIS SURS (Exception Report) | No | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 10 | | Advanced SURS, PC-based SURS, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | | Yes | Yes |
| 6 | 0 | SURS I, SURS II, Advanced SURS, Fraud and Abuse Detection System, Ad-hoc reporting, Managed care encounter data system | Not Reported | Yes | No |
| 0 | 0 | SURS II, Ad-hoc reporting, Managed care encounter data system | State and Federal Data systems | Yes | Yes |
| 2 | 0 | Decision Support System, Ad-hoc reporting | NA | No | No |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 42 | 0 | PC-based SURS, Fraud and Abuse Detection System, Ad-hoc reporting, Managed care encounter data system | SAS, Oracle | Yes | Yes |
| 9 | 0 | PC-based SURS, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | Washington's MMIS, ProviderOne, contains robust edits designed to reduce payment errors and enhance program integrity | Yes | Yes |
| 0 | 0 | PC-based SURS, Ad-hoc reporting | NA | Yes | Yes |
| 0 | 0 | Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting, Managed care encounter data system | SPSS modeler | No | No |

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | PC-based SURS, Fraud and Abuse Detection System, Decision Support System, Ad-hoc reporting | NA | Yes | NA |

# FY 2010 State Program Integrity Assessment Dataset

| Updates to strategic plan - FFS | Updates to strategic plan - MC | Total number of participating Medicaid providers | Number of providers applied for enrollment in Medicaid | Number of providers denied enrollment in Medicaid | Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers |
|---|---|---|---|---|---|
| Q14FFS | Q14MC | Q15 | Q16 | Q17 | Q18 |
| Yearly | Yearly | 59,240 | 10,360 | 15 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), On-site visits |
| Not applicable | Not applicable | 11,257 | 2,432 | 154 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Criminal background investigations |
| Yearly | Yearly | 56,579 | 0 | 0 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| As needed | NA | 30,106 | 8,935 | 3,643 | In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Choice Point or Lexis-Nexis reviews, Criminal background investigations |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Every three years or as needed. | Every three years or as needed. | 214,960 | 89,655 | 0 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), On-site visits, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| Bi-annually | NA | 34,396 | 4,495 | 332 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE) |
| Not applicable | Not applicable | 9,214 | 4,253 | 1,539 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Choice Point or Lexis-Nexis reviews, On-site visits, Check if provider has another provider number under which the provider made inappropriate payments |
| NA | NA | 9,171 | 769 | 179 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Criminal background investigations, Credentialing |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| NA | NA | 6,324 | 1,384 | 32 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), On-site visits, Credentialing |
| Yearly | Yearly | 75,356 | 16,988 | 2,091 | In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| Yearly | With each contracting period | 6,356 | 486 | 0 | In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Credentialing |
| NA | NA | 39,496 | 9,996 | 0 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Updated as needed | Updated as needed | 99,269 | 11,808 | 6,346 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| Not applicable | Yearly | 35,339 | 5,524 | 8 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Check if provider has another provider number under which the provider made inappropriate payments, , , , , , |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| NA | NA | 56,812 | 8,860 | 1,570 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| NA | NA | 26,748 | 7,844 | 10 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, On-site visits, Criminal background investigations |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Bi-annually | Bi-annually | 45,950 | 8,607 | 4 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, National Practitioners Data Bank, Health Care Integrity Protection Data Bank, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| NA | NA | 12,377 | 8,169 | 2,147 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Check if provider has another provider number under which the provider made inappropriate payments |

| | | | | |
|---|---|---|---|---|
| NA | NA | 31,595 | 2,685 | 0 In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE) |
| NA | NA | 43,152 | 5,330 | 164 In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), On-site visits, Criminal background investigations, Credentialing, Payroll Tax Records |
| As Needed | As Needed | 37,572 | 7,438 | 3,811 In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, National Practitioners Data Bank, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| As needed | Yearly | 53,016 | 4,163 | 157 In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, On-site visits, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Not applicable | Not applicable | 127,469 | 46,147 | 2,427 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Criminal background investigations, Check if provider has another provider number under which the provider made inappropriate payments |
| Yearly | NA | 24,538 | 2,225 | 44 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Check if provider has another provider number under which the provider made inappropriate payments |
| Yearly | Yearly | 41,609 | 7,112 | 129 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Yearly | NA | 17,736 | 2,052 | 8 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Credentialing |
| As needed | As needed | 75,136 | 0 | 0 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Criminal background investigations, Check if provider has another provider number under which the provider made inappropriate payments |
| NA | NA | 15,006 | 8,085 | 36 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE) |

# FY 2010 State Program Integrity Assessment Dataset

| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
|---|---|---|---|---|---|
| Yearly | Yearly | 33,636 | 10,180 | 2,020 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| Yearly | Yearly | 20,679 | 2,842 | 7 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Credentialing |
| Yearly | Yearly | 113,516 | 16,062 | 135 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Choice Point or Lexis-Nexis reviews, On-site visits, Credentialing, Payroll Tax Records, Check if provider has another provider number under which the provider made inappropriate payments |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Yearly | NA | 80,976 | 17,675 | 260 | In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), On-site visits, Criminal background investigations, Credentialing, Payroll Tax Records, Check if provider has another provider number under which the provider made inappropriate payments |
| Yearly | NA | 8,943 | 1,291 | 167 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, National Practitioners Data Bank, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| NA | NA | 88,948 | 15,326 | 8 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Quarterly | Quarterly | 31,089 | 14,604 | 2 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| Yearly | Yearly | 53,892 | 19,186 | 578 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, National Practitioners Data Bank, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Yearly | Yearly | 76,849 | 7,654 | 5 | In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |
| NA | NA | 12,600 | 2,237 | 14 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), On-site visits, Check if provider has another provider number under which the provider made inappropriate payments |
| Bi-annually | NA | 30,946 | 0 | 0 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Credentialing |
| NA | NA | 10,634 | 2,286 | 29 | In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Credentialing |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| annually | annually | 42,000 | 8,276 | 1,181 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, National Practitioners Data Bank, Health Care Integrity Protection Data Bank, On-site visits, Check if provider has another provider number under which the provider made inappropriate payments |
| Bi-annually | NA | 134,297 | 31,822 | 84 | In-state licensing board, Out-of-State licensing board, National Practitioners Data Bank, Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing |
| Yearly | Yearly | 21,000 | 3,670 | 208 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, On-site visits, Credentialing |
| NA | NA | 11,474 | 1,411 | 0 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Bi-annually | Bi-annually | 44, 886 unique providers. There are 96, 472 participating providers if you include providers by service location (which would include duplicate providers with multiple addresses and enrolled billing groups). | 14,911 | 0 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE) |
| Bi-annually | Bi-annually | 57,779 | 7,288 | 256 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Health Care Integrity Protection Data Bank, Check if provider has another provider number under which the provider made inappropriate payments |
| Updates are made as warranted by policy and procedure changes. | Updates are made upon renewal of each MCE contract. | 23,108 | 2,931 | 2,213 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, On-site visits, Credentialing |
| NA | NA | 15,123 | 8,470 | 1,031 | In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), On-site visits, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Yearly | NA | | 8,094 | 4,413 | 1,948 In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE) |

| Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers - Other | State maintains its own list of involuntarily dis-enrolled providers | How is the list maintained | How is the list maintained  - Other | Is the list available to the public |
|---|---|---|---|---|
| Q18Other | Q19a | Q19b | Q19bOther | Q19c |
| NA | Yes | Web | NA | Yes |
| NA | Yes | Paper | electronic spreadsheet | No |
| AHCCCS OIG Provider Registration unit utilizes the LEIE, On-site visits, and Criminal background investigaitons for contracting providers. Our health plans do the credentailing, NPPES database, SSN DOD file | Yes | The OIG Provider Registration Unit mainatains the list of involuntarily dis-enrolled providers. The list would be made available if requested, but it is not posted online. | Database | No |
| NA | Yes | Web | NA | Yes |

| | | | | |
|---|---|---|---|---|
| This field does not allow enough character spaces for response. The comment box errored out and did not retain this information | Yes | Web | NA | Yes |
| MED | Yes | Other | Electronic EXCEL Spreadsheet | No |
| NA | Yes | Web | NA | Yes |
| CMS Disclosure Form | Yes | Other | Excel Spread Sheet | No |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| NA | No | NA | NA | NA |
| NA | Yes | Web | NA | Yes |
| | Report Not Received | Report Not Received | | Report Not Received |
| NA | Yes | Web | NA | Yes |
| MCSIS; State Exclusion Database; NPPES | Yes | Web | NA | Yes |

| NA | Yes | Web | NA | Yes |

| NA | No | NA | NA | NA |

| | | | | |
|---|---|---|---|---|
| MED Database | Yes | Other | Excel spreadsheet file | No |
| NPPES, USPS, DEA. Onsite visits were only conducted on potential DME providers. For certain types of providers, criminal background checks were required to be sent in with the application | Yes | Paper | Word Document | No |

| NA | Yes | Web | Excel Spreadsheet | Yes |
|---|---|---|---|---|
| on site visits are conducted on certain provider types prior to enrollment but not all provider types receive on site visits. As part of licensing and credentialing, certain provider types are subject to on site visits after they are enrolled in Medicaid. All NEMT applicants are screened for criminal convictions prior to enrollment. | Yes | Paper | electronic | No |

| | | | | |
|---|---|---|---|---|
| NA | Yes | Web, Other | Database | Yes |
| Facility license, NPI registration, M.D.'s sanctions list | Yes | Web | NA | Yes |
| NA | Yes | Other | This list is maintained electronically for internal view only. Additionally, when a provider is involuntarily disenrolled, their eligibility status code in NMMIS reflects this disenrollment and this data is reportable | No |
| On-Site Visits performed for Clinical Laboratories | Yes | Web | NA | Yes |

| | | | | |
|---|---|---|---|---|
| NPPES Website | No | NA | NA | NA |
| NA | Yes | Web | NA | Yes |
| Secretary of State Office, Business Entity Search for LLC, Corporation and Organizer Information | Yes | Other | Maintained in MMIS Provider file | No |

| | | | | |
|---|---|---|---|---|
| Med-Data Base | No | NA | NA | NA |
| Medicare Exclusion Database (MED), National Plan & Provider Enumeration System (NPPES) | Yes | Web | NA | Yes |
| NA | No | NA | NA | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | Report Not Received | Report Not Received | | Report Not Received |
|---|---|---|---|---|
| FDI, Promis-Gavel (state site that lists all individuals who were charged with an offense in NJ), State Debarment List, NJ Wage and Labor, NJ Department of Corrections list, and Google searches. This is done by the MI unit that reviews Medicaid applications for three provider groups; laboratories, pharmacies, durable medical equipment, Adult Medical Day Care Centers (AMDC), Partial Care Facilities. Unisys/Molina, Medicaid's fiscal agent, reviews the bulk of the applications and they look at the HHS-OIG exclusions list, the state debarment list, and licensing only. | Yes | Web | NA | Yes |
| NA | Yes | Paper | MMIS | No |
| NYS OMIG Disqualified Provider List; NYS Database Sanction List for Out-of-State Providers; Undercover Operations | Yes | Paper, Web | NA | Yes |

| | | | | |
|---|---|---|---|---|
| Mental Health Provider Endorsement and National Accreditation | Yes | Other | DRIVE Report | Yes |
| Medicare Exlusion Data Base (MED File), District Court Website, and North Dakota Sex Offender Registry | Yes | Paper | NA | No |
| Nurse Aide Registry, Ohio Abuse Registry, State of Ohio Auditor's Website, Social Security Number Verification, Identity Verification | Yes | Web | The Ohio Medicaid E-Room | Yes |

| | | | | |
|---|---|---|---|---|
| Internal data base maintained by contracts unit. | Yes | Other | Internal Access database maintained by contracts unit. Also known as sanction list. | No |
| Provider name/TIN match; IRS Provider name/TIN match | Yes | Other | Excel spreadsheet, Excel database and View Direct Reports | No |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| NA | Yes | Web | Oracle Database | Yes |
| MEDICARE Exclusion Database | No | NA | NA | NA |
| MCOs credential network providers | Yes | Paper, Web | Excel Spreadsheet | Yes |
| NA | No | NA | NA | NA |

| | | | | |
|---|---|---|---|---|
| | Yes | Other | system | No |
| Not Reported | Yes | Paper, Web | database, updated weekly | Not Reported |
| USPS zip code, NPI website (DOPL for SSN internal) in state | Yes | Paper | imaging system BMI | No |
| NA | Yes | Other | On demand monthly report | No |

| | | | | |
|---|---|---|---|---|
| effective 10/1/09 all providers were required to complete the full disclosure form before enrollment was allowed | Yes | Other | Ad hoc MMIS data reports | No |
| The Medicare Exclusion Database (MED), IRS Database, and review of WA Department of Health (DOH) Sanctions and Licensure restrictions | Yes | Other | Termination status is stored in ProviderOne, report available by query | No |
| NA | Yes | Web | NA | Yes |
| NA | Yes | Other | Provider file | No |

# FY 2010 State Program Integrity Assessment Dataset

NA                    No              NA              NA              NA

| Web address for the list | State has written policies giving direction to providers & MCOs on types & frequency of screenings on sub-entities | State has written policies giving direction to providers & MCOs on types & frequency of screenings on sub-entities  - Describe |
|---|---|---|
| **Q19d** | **Q20** | **Q20Describe** |
| http://www.medicaid.alabama.gov | Yes | Alabama Medicaid Provider Manual, Chapter 7.3.1 states "Providers must screen for excluded individuals. The HHS Office Inspector General (HHS-OIG) excludes individuals and entities from participating in Medicare, Medicaid, the State's Children's Health Insurance Program (SCHIP), and all Federal health care programs (as defined in section 1128B(f) of the Social Security Act (the ACT) based on the authority contained in various sections of the Act, including sections 1128, 1128A, and 1156 ." |
| NA | No | NA |
| NA | Yes | The compliance program, which shall both prevent and detect suspected fraud or abuse, must include:Provision for internal monitoring and auditing |
| NR | No | NA |

| | | |
|---|---|---|
| http://files.medi-cal.ca.gov/pubsdoco/manual/man_query.asp?wSearch=(%23filename+*_*z03*.*)&wFLogo=Suspended+and+Ineligible+Provider+List&wFLogoH=32&wFLogoW=418&wAlt=Suspended+and+Ineligible+Provider+List&wPath=pubsdoco/publications/masters-MTP/zOnlineOnly/susp100-49_z03/&prevP= | Yes | This field does not allow enough character spaces for response. The comment box errored out and did not retain this information. |
| NA | Yes | 10 CCR 2505-10, section 8.130.35 SCREENING FOR EXCLUDED EMPLOYEES AND CONTRACTORS |
| http://www.ct.gov/dss/cwp/view.asp?a=2349&q=310706 | Yes | Provider Agreement Â¿ The provider will examine publicly available data, including but not limited to the HCFA, or any successor agency, Medicare/Medicaid Sanction Report and the HCFA website, to determine whether any potential or current employees have been suspended or excluded or terminated from the programs and shall comply with, and give effect to, any such suspension, exclusion, or termination in accordance with the requirements of state and federal laws. |
| NA | No | NA |

| | | |
|---|---|---|
| NA | Yes | C.9.4.4 Contractor shall develop and maintain written policies and procedures for credentialing and re-credentialing of all providers to ensure the Covered Services are provided by appropriately licensed and accredited providers. These policies and procedures shall, at a minimum, comply with NCQA or JCAHO standards.C.9.4.4 Contractor shall develop and maintain written policies and procedures for credentialing and re-credentialing of all providers to ensure the Covered Services are provided by appropriately licensed and accredited providers. These policies and procedures shall, at a minimum, comply with NCQA or JCAHO standards. Contractor shall re-credential Providers at least every two (2) years, or if Contractor is NCQA accredited, Contractor shall re-credential based on NCQA requirements. Contractor shall re-credential Providers at least every two (2) years, or if Contractor is NCQA accredited, Contractor shall re-credential based on NCQA requirements. |
| http://apps.ahca.myflorida.com/dm_web/(S(hahsvuhqno4 3d50yfsaxgzon))/default.aspx#Legal_Orders | Yes | The agency includes information regarding background screening policies in its provider agreement and the provider application. The Medicaid provider agreement and provider application can be accessed through the following link: http://portal.flmmis.com/FLPublic/Provider_Enrollment/tabld/50/Default.aspx |
| Report Not Received | Report Not Received | Report Not Received |
| http://www.med-quest.us | Yes | FFS provider contracts address providers following 42 CFR 455.105 & 106 & all State & Federal laws; MCO's must follow current NCQA standards for credentialing & recredentialing of providers in addition to requirement that their contracts with providers must 42 CFR 455.105 & 106 |
| http://www.healthandwelfare.idaho.gov | Yes | No payment under this contract is available to any provider excluded by Medicare, Medicaid or SCHIP, except for emergency services....Contractor must report to the Department any known instance of fraud or abuse committed under this Contract....It is mutually understood and agreed that Contractor is obligated to report to the Department any person or corporation that has 5% or more ownership interest in Contractor as a business entity, pursuant to 42 CFR 455.100-104. Additionally, there is written language on the provider Ownership and Disclosure form and in the transportation broker and managed care contracts that require the provider to make full disclosure of ownership and control information as required by 42 CFR 455.100-106, and upon request, full disclosure of business transactions, as is required by 42 CFR 455.105 and requires providers in accordance with 42 CFR 455.101, to enter all employees of the disclosing entity (provider). |

http://www.state.il.us/agency/oig/sanctionlist.asp    Yes

Applicable contract citations are noted as follows: 5.21 Provider Agreements and Subcontracts; 5.22 Site Registration and Primary Care Provider/Women's Health Care Provider Approval and Credentialing; 9.5 Required Disclosures. The complete MCO model contract can be found at: http://www.hfs.illinois.gov/managedcare

NA    Yes

The State provides direction to providers within the provider agreement, which includes the following language: #42 To verify and maintain proof of verification that no employee or contractor is an excluded individual or entity with the Health and Human Services (HHS) Office of the Inspector General (OIG), providers shall review the HHS-OIG List of Excluded Individuals/Entities (LEEIE) database for excluded parties. In addition, the Provider Manual includes similar language addressing 42 CFR section 1001.1901(c), 1903(d)(2)(A) and 1903(i)(2).

NA

Yes

Provider Agreement: Provider agrees: 1.6 To comply with the disclosure requirements specified in 42CFR, Part 455, Subpart B, including but not limited to disclosure of information regarding ownership and control, business transactions and persons convicted of crimes.

NA

No

NA

42 CFR 438.610(b) requires neither the Contractor nor its principals and/or subcontractors who has a controlling interest or who has a direct or indirect ownership interest of 5% or more of the Contractor, nor any employee, as well as director, officers, partners, consultants or persons are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency. 1.7.1 Except as otherwise provided in this Contract, all Subcontracts between the Contractor and its non-physician Subcontractors, shall contain an agreement by the Subcontractor to indemnify, defend and hold harmless the Commonwealth, its officers, agents, and employees, and each and every Member from any liability whatsoever arising in connection with this Contract for the payment of any debt of or the fulfillment of any obligation of the Subcontractor.Each such Subcontractor shall further covenant and agree that in the event of a breach of the Subcontract by the Contractor, termination of the Subcontract, or insolvency of the Contractor, each Subcontractor shall provide all services and fulfill all of its obligations pursuant to the Subcontract for the remainder of any month for which the Department has made payments to the Contractor, and shall fulfill all of its obligations respecting the transfer of Members to other Providers, including record maintenance, access and reporting requirements all such covenants, agreements, and obligations of which shall survive the termination of this Contract and any Subcontract. 1.7.3 The Contractor shall inform the Department of any Subcontractor which engages another Subcontractor in any transaction or series of transactions, in performance of any term of this Contract, which in one fiscal year exceeds the lesser of $25,000 or five percent

http://www.kymmis.com/kymmis/index.aspx; http://chfs.ky.gov/dms ; http://chfs.ky.gov/dms/provider.htm; Note: this list does not include providers end-dated due to inactivity.     Yes

(5%) of the SubcontractorÃ‚Â¿s operating expense. 1.7.4 The Department shall have the right to invoke against any Subcontractor any remedy set forth in this Contract, including the right to require the termination of any Subcontract, for each and every reason for which it may invoke such a remedy against the Contractor or require the termination of this Contract.

NA     Yes

we publish those provider updates every other month on how and when to check for exclusions of your employees. it is also a violation of our SURS rule if they employ someone.

| | | |
|---|---|---|
| https://mainecare.maine.gov | No | NA |
| http://mmcp.dhmh.maryland.gov/docs/Exclusion_Table.pdf | Yes | COMAR 10.09.65.17D, 10.09.65.02N, and MD Insurance Article 15-112 tell the MCOs that subcontractors must be held to the same screening requirements as the MCO to the State, and that monitoring is expected of enrollee and provider complaints, access issues, quality assurance activities, record keeping, and reporting requirements. |
| NA | Yes | See email dated 3/9/12 |
| http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42546_42551-16459--,00.html | Yes | Providers are required to abide by Federal rules and regulations which include screenings. Contracts with managed care organizations state that director, officer, partner, managing employee or person with beneficial ownership of 5% or more of the entities' equity must not be debarred or suspended by any state or federal agency and this must be validated at initiation of employment as well as at regular intervals utilizing EPLS. |

| | | |
|---|---|---|
| NA | Yes | See MN_MngdCareResponse2010.docx |
| http://www.medicaid.ms.gov | No | NA |
| NA | Yes | We have developed this language and it will be repsentative in SPIA 2011 for FFS providers. Currently we do have requirements within the managed care contracts. Managed Care contracts 2.32.2. The health plan shall implement internal controls, policies, and procedures designed to prevent, detect, review, report to the state agency, and assist in the prosecution of fraud and abuse activities by providers, subcontractors, and members. The policies and procedures shall articulate the health planÂ¿s commitment to comply with all applicable Federal and State Standards. In order to implement the above the health plan must submit a written fraud and abuse plan to the State agency for approval prior to implementation. Any changes to the approved fraud and abuse plan must have the state agency approval prior to implementation. The requirements for this plan are further detailed in later contractual language. |

NA                                              No                    NA

http://dhhs.ne.gov/medicaid/Pages/med_pi_sanc.aspx    No                    NA

Section 1.5 of the provider contract, the provider agrees to check the OIG website for excluded individuals/entities prior to hiring or contracting with individuals or entities and to periodically check the OIG website to determine the exclusion status of current employees and contractors. Section 2.4.4.4 of the MCO contract requires the MCO to provide written information about ownership interests of 5% or more to the DHCFP prior to award of any contract or subcontract; Section 2.12.3 of the MCO contract requires the MCO vendor to comply with the requirements in 42 CFR 438.214 regarding contracts with health care professionals; Section 2.12.3.5 and Section 2.12.3.11 of the MCO contract requires MCOs to give the DHCFP the right to review contracts between vendors and providers and requires all MCO agreements and subcontracts to contain relevant provisions related to HIPAA

NA                                              Yes                   and other requirements.

| | | |
|---|---|---|
| Report Not Received | Report Not Received | Report Not Received |
| http://www.state.nj.us/treasury/debarred | Yes | NJ Medicaid Newsletter (Vol. 20 No. 22), which is available to all providers and HMOs, gives six databases which should be used monthly to determine whether or not "excluded individuals or entities are those identified by the State or federal government as not being allowed to participate in State or federally-funded health benefit programs, such as Medicaid, NJ FamilyCare, or Pharmaceutical Assistant to the Aged and Disabled (PAAD)." |
| NA | Yes | Monitor the subcontractor on an on-going basis and subject them to a formal review according to a periodic schedule established by HSD/MAD |
| http://omig.ny.gov/data/content/view/72/52 | Yes | 10 NYCRR Parts 98-1.11(h)-(s); Section 22 of the Medicaid Managed Care and Family Health Plus Model Contract |

| | | |
|---|---|---|
| Providers can request this information through a Public Record Request through the Office of Public Affairs. | Yes | Item 6.e. of the NC Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement advises providers of their requirement to screen employees and contractors against the LEIE regularly. The APA is found on NCTracks at: http://www.nctracks.nc.gov/provider/forms/ProvAdminPart_8.2010.pdf |
| NA | No | NA |
| http://jfs.ohio.gov/ohp/providers/MedicaidProviders.xls | Yes | Appendix 1 of Provider Agreement; Provision 12 of Managed Care Agreement |

NA    Yes    OHCA sent a letter to all providers with the following language: The Department of Health and Human Services Office of Inspector General (HHS-OIG) has the authority to exclude from participation in Medicare, Medicaid and other Federal health care programs, individuals or entities who have engaged in abuse of fraud. Therefore, any provider excluded by HHS-OIG is not permitted to participate in the SoonerCare or Insure Oklahoma programs. In order to stay in compliance with federal regulations, OHCA recommends, as a condition of enrollment and ongoing participation in the SoonerCare and Insure Oklahoma programs, that providers perform the following: 1) A monthly search on HHS-OIGÂ¿s website to capture exclusions and reinstatements of individuals or entities. Through this website, providers can review the list and determine if they are employing or contracting with an individual or entity that has been excluded from participation with Federal health care programs. To ensure accuracy, be sure to match individuals or entities with social security numbers or employee identification numbers. 2) Immediately report any exclusion information discovered from the website to the OHCA Program Integrity Division by contacting Justin Etchieson at 405-522-7494.

NA    Yes    See OAR 410-120-1260(6)(10)(12). Also see DHS 3974 and DHS 3975 upon enrollment and within 30 days of any change; SPD- OAR 411-340-0160, 411-320-0030(D), 0040(6)(7)

| | | |
|---|---|---|
| http://www.dpw.state.pa.us/PartnersProviders/MedicalAssistance/dvocatesStakeholders/003673510.a | No | NA |
| NA | Yes | Provider Agreement |
| https://www.scdhhs.gov | Yes | Bulletin Issues June 8, 2009, to all Medicaid Providers. See http://www.scdhhs.gov |
| NA | No | NA |

| | | |
|---|---|---|
| | Yes | YES. The specific language governing Medicaid Integrity is included in the following section of the MCO contract: 2.11.1.1Â Â Â Â Â Â Â Â Â Â Â Â  The CONTRACTOR shall have a written fraud and abuse compliance plan |
| http://oig-hhsc.state.tx.us/Exclusions/Search.aspx | No | NA |
| NA | Yes | Screening for Excluded Providers and Entities |
| NA | Yes | Provider Enrollment Agreement, Attachment A and 42 CFR 455 |

| | | |
|---|---|---|
| NA | Yes | The MCOs are responsible for contracting and oversight with their network providers and subcontractors. The Medallion II Contract, Article II, Section 2.B. specifies the ContractorÂ¿s responsibility to ensure accountability, proper certification and licensure, and assurance that the individual or entity has not been excluded from participation in federal health care programs, for each of their subcontractors or network providers. |
| NA | Yes | NR |
| http://wvmmis.com/contentDelivery/XJContent/Sanctioned-Excluded%20Provider%20List%205-27-11?id=000004922601 | Yes | See comment box. |
| NA | No | NA |

NA

Yes

Providers participating in federal programs are obligated to screen all employees and contractors to determine whether any of them have been excluded. This screening should take place upon hiring a new staff person and monthly thereafter on all staff to check for any new additions to the exclusion list. If any exclusionary information is discovered it should be reported to ACS and/or BCBS immediately.

# FY 2010 State Program Integrity Assessment Dataset

| State includes language in its MCO contracts specifying Medicaid Integrity requirements | State has written policies giving direction to providers & MCOs on types & frequency of screenings on sub-entities  - Describe | State includes TPL as part of its Medicaid Integrity activities |
|---|---|---|
| Q21 | Q21Describe | Q22 |
| Yes | Comply with certification and licensing laws and regulations applicable to the Primary Contractor's practice, profession or business. The Primary Contractor agrees to perform services consistent with the customary standards of practice and ethics in the profession. | Yes |
| No | NA | No |
| Yes | In accordance with A.R.S. Section 36-2918.01, all Program Contractors are required to notify the AHCCCS, | Yes |
| NR | NR | No |

| | | |
|---|---|---|
| Yes | Contained in separate documents. | Yes |
| Yes | http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251574811295 and http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1251580848959 | Yes |
| Yes | Document attached | Yes |
| Yes | 12.6 Program Integrity Requirements. A. General Requirements. The Contractor must have administrative and management arrangements or procedures, including a mandatory compliance plan that are designed to guard against fraud and abuse. | Yes |

| | | |
|---|---|---|
| Yes | C.9.4.4 Contractor shall develop and maintain written policies and procedures for credentialing and re-credentialing of all providers to ensure the Covered Services are provided by appropriately licensed and accredited providers. These policies and procedures shall, at a minimum, comply with NCQA or JCAHO standards. Contractor shall re-credential Providers at least every two (2) years, or if Contractor is NCQA accredited, Contractor shall re-credential based on NCQA requirements. | Yes |
| Yes | Yes, Medicaid's managed care contracts specify Medicaid integrity items for the following items: Provider Credentialing: Attachment II Section VII Provider Network, H. Credentialing and Re-credentialing, and Plan Fraud and Abuse Requirements: Attachment II Section X Administration and Management E. Fraud and Abuse Prevention. | Yes |
| Report Not Received | Report Not Received | Report Not Received |
| Yes | Lengthy requirement in RFP about looking for F&A, reporting of F&A, following CFR & Hawaii Administrative Rules, etc. | Yes |
| Yes | Any subcontract that fulfills any purpose of this Contract must be subject to the same requirements as is Contractor for the same work. | No |

Yes

Applicable contract citations are as follows: 5.11 Regular Information Reporting Requirements; 5.25 Fraud and Abuse Procedures. The complete MCO model contract can be found at: http://www.hfs.illinois.gov/managedcare/

No

Yes

8.4 Program Integrity Plan ... The contractor must include the following in its Program Integrity Plan: Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable state and federal standards. The desgination of a Compliance Officer and a Compliance Committee that are accountable to senior management. The Compliance Officer shall meet with the State's SUR Unit Director on a quarterly basis. The type and frequency of training and education for the Compliance Officer and the organization's employees who will be provided to detect fraud. Training must be annual and address the False Claims Act and directed by CMS. Enforcement of standards through well-publicized disciplinary guidelines. Provision of internal monitoring and auditing. Provision for prompt response to detected offenses, and for development of corrective action initiatives. Program integrity-related goals, objectives and planned activities for the upcoming year...The contractor must immediately report any suspicion or knowledge of fraud and abuse including but not limited to the false or fraudulent filings of claims and the acceptance or failure to return monies allowed or paid on claims known to be fraudulent. The Contractor must report provider fraud to OMPP, the Indiana Medicaid Fraud Control Unit (MFCU) and SUR. The contractor must report member fraud to OMPP, the SUR, and Indiana Bureau of Investigation and the Office of the Inspector General ...

Yes

Yes

Section 2.1(5) FRAUD AND ABUSE The Contractor shall diligently safeguard against the potential for, and promptly investigate reports of suspected fraud and abuse by employees, subcontractors, providers, and others with whom the Contractor does business. Plus, subsections 2.1(5)(a) through (i).

No

Yes

Section 5.6.23 describes the Medicaid Integrity requirements. Can be provided upon request.

Yes

Yes

The Contractor shall develop in accordance with Attachment VII, a Program Integrity plan concerning the establishment of internal controls, policies and procedures that are capable of preventing, detecting and deterring incidents of Fraud, Waste and Abuse. The required procedures shall include the following and be made available for review by the Department: (a) Written policies, procedures, and standards of conduct that articulate the organizationÂ¿s commitment to comply with all applicable federal and state standards;(b) The designation of a compliance officer and a compliance committee that are accountable to senior management; (c) Effective education for the compliance officer, the organizationÂ¿s employees, subcontractors, providers and members regarding fraud, waste and abuse; (d) Effective lines of communication between the compliance officer and the organizationÂ¿s employees; (e) Enforcement of standards through disciplinary guidelines; (f) Provision for internal monitoring and auditing of the member and provider; (g) Provision for prompt response to detected offenses, and for development of corrective action initiatives relating to the ContractorÂ¿s contract; (h) Provision for internal monitoring and auditing of Contractor and its subcontractors; if issues are found Contractor shall provide corrective action taken to the Department; (i) Contractor shall be subject to on-site review; and comply with requests from the department to supply documentation and records; (j) Contractor shall create an account receivables process to collect outstanding debt from members or providers; and provide monthly reports of activity and collections to the department; (k) Contractor shall provide procedures for appeal process; (l) Contractor shall comply with the expectations of 42 CFR 455.20 by employing a method of verifying with member whether the services billed by provider were received by randomly selecting a minimum sample of 500 claims on a monthly basis; (m) Contractor shall run algorithms on claims data and develop a process and report quarterly to the department all algorithms run, issues identified, actions taken to address those issues and the overpayments collected; (n) Contractor shall create a process for card sharing cases; (o) Contractor shall follow cases from the time they are opened until they are closed; and (p) Contractor shall attend any training given by the Commonwealth/Fiscal Agent or other ContractorÂ¿s organizations provided reasonable advance notice is given to Contractor of the scheduled training.

Yes

NR

NR

No

No                          NA                                                                                                                No

Yes                         The State requires MCOs to comply with the Code of Federal regulations Title 42, Part 438, and HealthChoice regulations         No
                            10.09.62-10.09.76.

Yes                         See email dated 3/9/12                                                                                             Yes

Yes                         See answer to number 20 above. Also, Medicaid Integrity requirements are included in section 6 of the 2010 MCO site tool,        No
                            specifically 1.022 - D, H, L, N, O. Q, V, Z; and 1.031 - A, C.

Yes                          See MN_MngdCareResponse2010.docx                                                          Yes

No                           NA                                                                                         No

                             2.32 Fraud and Abuse Paragraph 2.32.1 provides definitions form Â¿Guidelines for Addressing Fraud and Abuse in Medicaid
                             Managed CareÂ¿. A product of the National Medicaid Fraud and Abuse Initiative, Health Care Financing Administration
                             National Initiative, October 2000. These definitions are provided to assist the health plan in preventing, coordinating,
                             detecting, investigating, enforcing, and reporting fraud and abuse: Medicaid Managed Care Fraud and Medicaid Managed
                             Care Abuse are further defined. 2.32.2 as detailed in question #20 as well as 2.32.3 which requires the plan to quarterly
                             report suspected fraud or abuse cases to the state agency, 2.32.4 states plans and its subcontractors shall cooperate fully with
                             the state reviews or investigations and implement corrective action plans based on findings. 2.22.5 Health Plan must provide
                             report of fraud and abuse and requires an annual evaluation of the effectiveness of the fraud and abuse program. 2.33.1
                             Health Plan must conduct a member lock-in program according to MO State regulation (13 CSR 70-4.070). At a minimum
                             the health plan shall evaluate utilization pattern to identify member for lock-in, initiate lock-in procedures and activities and
                             notify member of their rights to grieve the lock-in. Due to the pharmacy carve-out effective October 1, 2009 the health plan is
Yes                          not responsible for a lock-in program for pharmacy services; this is the stateÂ¿s responsibility.                          Yes

| No | NA | Yes |
| Yes | 31.04 Report Content. The HMO [MCO] shall report the following to the state: A. Number of complaints of fraud and abuse made to state that warrant preliminary investigation B. For each which warrants investigation, supply the 1. Name, ID number 2. Source of complaint 3. Type of provider 4. Nature of complaint 5. Approximate dollars involved 6. Legal & administrative disposition of the case. | Yes |
| Yes | Section 2.12.8 of the MCO contract requires MCOs to comply with all applicable program integrity requirements, including those specified in 42 CFR 455 and 42 CFR 438 Subpart H. | No |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Report Not Received | Report Not Received | | Report Not Received |
| Yes | Section 7.4 on page 187 of the Managed Care contract states the MCOs "shall obtain whenever issued, State listings of individuals excluded from the MedicaidÂ¿." MCO shall agree not to employ or contract with persons excluded from Medicaid or other fedeal health programs. | | Yes |
| Yes | http://www.hsd.state.nm.us/mad/Contracts.html | | No |
| Yes | Section 4414 of the Public Health Law; 10 NYCRR Part 98-1.21; Sections 23.1 and 23.2 of the Medicaid Managed Care and Family Health Plus Model Contract | | Yes |

Yes

Fraud and Abuse: Piedmont Behavioral Health (PBH) shall adopt and implement policies and procedures to guard against fraud and abuse. At a minimum, these policies and procedures shall include the following: a. A procedure to verify whether services paid for by Medicaid were actually furnished to Enrollees by Providers and subcontractors; b. Written policies, procedures, and standards of conduct that articulate PBH's commitment to comply with all applicable Federal and State standards; c. The designation of a compliance officer and a compliance committee that are accountable to PBH's senior management; d. Effective training and education for the compliance officer and PBH's employees; e. Effective lines of communication between the compliance officer and PBH's employees; f. Enforcement of standards through well-publicized disciplinary guidelines; g. Provision for internal monitoring and auditing; and h. Provision for prompt response to detected offenses, and for development of corrective action initiatives. PBH shall develop and maintain a mandatory Compliance Plan to guard against and identify fraud and abuse. PBH shall forward all credible allegations of fraud or abuse to DMA Program Integrity.

Yes

Yes

Yes in state pay contract, not in state 3 way contract.

Yes

Yes

Appendix 1 of Provider Agreement; Provision 12

Yes

No          NA                                                                                                          No

Yes         MH contractual language provided as a separate document; DMAP http://www.oig.hhs.gov/fraud/exclusions_list.asp 42 CFR
            438.608 & 438.610 and 42 CFR 1002.3                                                                         Yes

| | | |
|---|---|---|
| Yes | (a) General requirement. The MCO or PIHP must have administrative and management arrangements or procedures, including a mandatory compliance plan, that are designed to guard against fraud and abuse.(b) Specific requirements. The arrangements or procedures must include the following:(1) Written policies, procedures, and standards of conduct that articulate the organization's commitment to comply with all applicable Federal and State standards.(2) The designation of a compliance officer and a compliance committee that are accountable to senior management.(3) Effective training and education for the compliance officer and the organization's employees.(4) Effective lines of communication between the compliance officer and the organization's employees.(5) Enforcement of standards through well-publicized disciplinary guidelines.(6) Provision for internal monitoring and auditing.(7) Provision for prompt response todetected offenses, and for developmentof corrective action initiatives relating to the MCO's or PIHP's contract. | No |
| Yes | RI DHS MCO Contract | Yes |
| Yes | 3.8 Fraud and Abuse Compliance/Program Integrity Plan | No |
| No | NA | Yes |

| | | |
|---|---|---|
| Yes | YES. The specific language governing Medicaid Integrity is included in the following section of the MCO contract: 2.11.1.1Â Â Â Â Â Â Â Â Â Â Â  The CONTRACTOR shall have a written fraud and abuse compliance plan | No |
| Yes | A HMO is subject to all state and federal laws and regulations relating to Fraud, Abuse, and Waste in health care and the Medicaid and CHIP programs. The HMO must cooperate and assist HHSC and any state or federal agency charged with the duty of identifying, investigating, sanctioning or prosecuting suspected Fraud, Abuse, or Waste. The HMO must provide originals and/or copies of all records and information requested and allow access to premises and provide records to the Inspecor General for the Texas Health and Human Services System, HHSC or its authorized agent(s), the Centers for Medicare and Medicaid Services (CMS), the U.S. Department of Health and Human Services (DHHS), Federal Bureau of Investigation, TDI, or other units of state government. The HMO must provide all copies of records free of charge. | Yes |
| Yes | . Fraud and Abuse The CONTRACTOR shall have administrative and management arrangements or procedures, including a mandatory compliance plan, that are designed to guard against fraud and abuse. The compliance plan shall be designed to identify and refer suspected fraud and abuse activities. | No |
| NR | NA | No |

Yes

As required in 42 CFR Â§ 455.1, the ContractorÂ¿s Program Integrity Plan must include a method to verify whether services reimbursed were actually furnished to the member. The Contractor should have, at a minimum, procedures to retain all records documenting any and all corrective actions imposed and follow-up compliance reviews for future health oversight purposes and/or referral to law enforcement, if necessary.

Yes

Yes    NR    No

Yes    See comment box.    Yes

Yes

Article I Definitions; III C1 Ineligible Organizations; III C11 CLIA; III E2 Medical Necessity; III P2 Fraud and Abuse Investigations; IV Quality Assessment/Performance Improvement; V H Department Audit Schedule; V I HMO Review of Study or Audit Results; V K Coordination of Benefits; V N Fraud and Abuse Training; VI F Coordination of Benefits; VII B Access to and/or Disclosure of Financial Records; VII C Access to and Audit of Contract Records; VII H Reporting of Corporate and Other Changes; XI F Sanctions; XI G Sanctions and Remedial Actions; XVI A Ownership or Controlling Interest Disclosure Statement(s); XVI B Business Transaction Disclosures

No

# FY 2010 State Program Integrity Assessment Dataset

No

NA

Yes

# FY 2010 State Program Integrity Assessment Dataset

| State include TPL recoveries as part of its Medicaid Integrity return-on-investment | State include prior authorization as part of its Medicaid Integrity activities | State includes prior authorization cost avoidance as part of its Medicaid Integrity return-on-investment | Mechanisms used to communicate to & educate providers about Medicaid Integrity |
|---|---|---|---|
| Q23 | Q24 | Q25 | Q26 |
| Yes | Yes | Yes | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |
| No | No | No | Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse |
| No | Yes | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse., News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse., Website dedicated to Medicaid Integrity regulations, policies, and procedures |
| No | No | No | Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Yes | Yes | No | Fraud, waste, and abuse policy statements, Anti-fraud public service announcements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse, Publications related directly to concerns of Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |
| Yes | Yes | Yes | Fraud, waste, and abuse policy statements, Anti-fraud public service announcements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse., News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse., Publications related directly to concerns of Medicaid fraud, waste, and abuse., Website dedicated to Medicaid Integrity regulations, policies, and procedures. |
| Yes | Yes | No | Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse |
| Yes | No | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse |

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| Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| No | Yes | No | Fraud, waste, and abuse policy statements |
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# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
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| Yes | No | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse., News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse., Publications related directly to concerns of Medicaid fraud, waste, and abuse., Website dedicated to Medicaid Integrity regulations, policies, and procedures |

| | | | |
|---|---|---|---|
| No | No | No | Publications related directly to concerns of Medicaid fraud, waste, and abuse |
| Yes | Yes | Yes | Publications related directly to concerns of Medicaid fraud, waste, and abuse |

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| | | | |
|---|---|---|---|
| Yes | Yes | Yes | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, Publications related directly to concerns of Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |
| No | No | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse., News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse. |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
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| No | No | No | Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse., Website dedicated to Medicaid Integrity regulations, policies, and procedures |
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| No | No | No | Website dedicated to Medicaid Integrity regulations, policies, and procedures |

| | | | |
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| Yes | No | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| No | Yes | No | Other |
| Yes | Yes | No | Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |
| No | No | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |

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|---|---|---|---|
| No | Yes | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse, Publications related directly to concerns of Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |
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|---|---|---|---|
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| Yes | Yes | Yes | Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse |

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| No | No | No | Fraud, waste, and abuse policy statements, Publications related directly to concerns of Medicaid fraud, waste, and abuse. |
| Yes | Yes | Yes | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse, Publications related directly to concerns of Medicaid fraud, waste, and abuse |

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| Yes | Yes | Yes | Fraud, waste, and abuse policy statements |
| No | No | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse |
| No | Yes | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse, Publications related directly to concerns of Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |

| | | | |
|---|---|---|---|
| No | Yes | No | Fraud, waste, and abuse policy statements, Anti-fraud public service announcements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse, Publications related directly to concerns of Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |
| Yes | Yes | Yes | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse., Website dedicated to Medicaid Integrity regulations, policies, and procedures |
| No | Yes | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, Website dedicated to Medicaid Integrity regulations, policies, and procedures |
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|---|---|---|---|
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| No | No | No | Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse |
| No | Yes | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse |
| No | Yes | No | Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse, Publications related directly to concerns of Medicaid fraud, waste, and abuse |

No                    Yes                    No                    Fraud, waste, and abuse policy statements, Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse., Publications related directly to concerns of Medicaid fraud, waste, and abuse., Website dedicated to Medicaid Integrity regulations, policies, and procedures

# FY 2010 State Program Integrity Assessment Dataset

| Mechanisms used to communicate to & educate providers about Medicaid Integrity - Other | State has written policies on: How the State should investigate fraud, waste, & abuse | State has written policies on: How to secure evidence in a legally admissible form | State has written policies on: How to disseminate lessons learned from the case | Data repository platform used for data mining |
|---|---|---|---|---|
| Q26Other | Q27a | Q27b | Q27c | Q28 |
| Fraud and Abuse posters are distributed to providers to display in their offices | No | No | Yes | Mainframe, Internal/external relational database (e.g., Oracle), Commercial/off-the-shelf PC product |
| fiscal agent training segments | Yes | Yes | Yes | Mainframe, Vendor proprietary database, Mainframe data downloads to a personal computer (PC) |
| NA | Yes | Yes | No | Mainframe |
| NA | Yes | No | No | Vendor proprietary database |

| | | | | |
|---|---|---|---|---|
| Policy and Procedure Letters (PPL), Provider Training, Certification Statement, TCM reimbursement invoices, DMH Info Notices / Letters; CMHDA Medi-Cal Policy Committee | Yes | Yes | Yes | Mainframe, Internal/external relational database (e.g., Oracle), Mainframe data downloads to a personal computer (PC) |
| Monthly Provider Bulletins (Newsletters) | Yes | No | No | Mainframe, Internal/external relational database (e.g., Oracle), Mainframe data downloads to a personal computer (PC), Commercial/off-the-shelf PC product |
| NA | No | No | No | Internal/external relational database (e.g., Oracle) |
| Articles included in provider newsletters and provider bulletins, provider letters. Provider updates via web and quarterly provider meetings, by fiscal agent | Yes | Yes | Yes | Vendor proprietary database |

| | | | | |
|---|---|---|---|---|
| NA | Yes | No | No | Vendor proprietary database |
| NA | Yes | Yes | Yes | Internal/external relational database (e.g., Oracle), Commercial/off-the-shelf PC product |
| | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| Provider bulletins | No | Yes | No | Other |
| NA | Yes | Yes | No | Mainframe, Internal/external relational database (e.g., Oracle), Vendor proprietary database, Mainframe data downloads to a personal computer (PC), Commercial/off-the-shelf PC product |

FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| HFS website, Provider Handbooks & Informational Notices | Yes | No | No | Vendor proprietary database |
| NA | No | Yes | Yes | Mainframe, Internal/external relational database (e.g., Oracle), Vendor proprietary database, Mainframe data downloads to a personal computer (PC), Commercial/off-the-shelf PC product |

| NA | No | No | Yes | Internal/external relational database (e.g., Oracle), Vendor proprietary database |
| NA | No | No | Yes | Internal/external relational database (e.g., Oracle), Mainframe data downloads to a personal computer (PC) |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| NA | No | No | No | Mainframe, Internal/external relational database (e.g., Oracle), Vendor proprietary database, Mainframe data downloads to a personal computer (PC) |
| Medicaid Provider Updates | Yes | No | No | Mainframe, Vendor proprietary database, Other |

| | | | | |
|---|---|---|---|---|
| NA | No | No | No | Internal/external relational database (e.g., Oracle), Vendor proprietary database |
| Quarterly MCO Quality Assurance Liaison Meetings; monthly Nursing Home Liaison Meetings; Listserv for long term care providers; Quarterly MD Hospital Association Meetings | No | Yes | Yes | Vendor proprietary database |
| NA | Yes | No | No | Internal/external relational database (e.g., Oracle), Mainframe data downloads to a personal computer (PC) |
| By contract the Medicaid Health Plans are all required to provide education to providers on an annual basis regarding fraud, waste, and abuse | Yes | NR | NR | Internal/external relational database (e.g., Oracle), Mainframe data downloads to a personal computer (PC) |

| | | | | |
|---|---|---|---|---|
| Provider Training, Provider Updates, Remittance Advices Messages, Informational Bulletins, Provider Manual, on-site reviews, individual letters to providers as needed | Yes | Yes | Yes | Mainframe, Internal/external relational database (e.g., Oracle), Vendor proprietary database |
| NA | Yes | Yes | Yes | Internal/external relational database (e.g., Oracle), Vendor proprietary database, Mainframe data downloads to a personal computer (PC) |
| NA | Yes | Yes | Yes | Mainframe, Internal/external relational database (e.g., Oracle), Commercial/off-the-shelf PC product |

| | | | | |
|---|---|---|---|---|
| Provider notices & claim jumper articles, updates to provider manuals in the form of replacement pages | Yes | No | No | Internal/external relational database (e.g., Oracle), Vendor proprietary database, Mainframe data downloads to a personal computer (PC), Commercial/off-the-shelf PC product, |
| Individual provider education letters | No | No | Yes | Vendor proprietary database |
| NA | Yes | Yes | No | Vendor proprietary database |

# FY 2010 State Program Integrity Assessment Dataset

| | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
|---|---|---|---|---|
| Medicaid Integrity staff personally met with providers | Yes | Yes | Yes | Internal/external relational database (e.g., Oracle) |
| Medical Assistance Bulletins and MMIS Newsletters | Yes | Yes | Yes | Vendor proprietary database |
| Webinars; speeches to community organizations; Annual Workplan publication | Yes | Yes | Yes | Internal/external relational database (e.g., Oracle), Vendor proprietary database, Mainframe data downloads to a personal computer (PC) |

| | | | | |
|---|---|---|---|---|
| NA | Yes | No | Yes | Internal/external relational database (e.g., Oracle), Vendor proprietary database |
| Medicaid Medical Advisory Committee, Provider and Recipient News Letter | Yes | No | No | Vendor proprietary database, Mainframe data downloads to a personal computer (PC) |
| Publication of provider audits, press releases | Yes | Yes | No | Vendor proprietary database |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| OHCA has a page on its website with contact information for reporting suspected fraud, waste, and abuse. The website also includes a tutorial n reporting fraud. We also use Dear Provider letters to educate providers about Medicaid Integrity. Fraud training is also made available on our provider secure website. | Yes | Yes | No | Internal/external relational database (e.g., Oracle) |
| Provider website; PERM website; Fraud and Abuse Hotline/website; Oregon Home Care Commission offers a class for provider entitles; "Helping Caregivers Fight Fraud and Abuse", , | Yes | Yes | Yes | Mainframe, Internal/external relational database (e.g., Oracle), Vendor proprietary database, Mainframe data downloads to a personal computer (PC) |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Medical Assistance Bulletins | No | Yes | Yes | Internal/external relational database (e.g., Oracle), Vendor proprietary database |
| Provider Update | Yes | Yes | Yes | Mainframe, Internal/external relational database (e.g., Oracle), Vendor proprietary database, Commercial/off-the-shelf PC product |
| Legislative proviso requires annual fraud report to General Assembly | No | Yes | Yes | Internal/external relational database (e.g., Oracle) |
| NA | Yes | Yes | Yes | Mainframe, Mainframe data downloads to a personal computer (PC) |

| | | | | |
|---|---|---|---|---|
| | No | Yes | Yes | Mainframe, Internal/external relational database (e.g., Oracle), Vendor proprietary database, Mainframe data downloads to a personal computer (PC), Commercial/off-the-shelf PC product |
| Education letters sent to providers based on SURS or MFADS (data mining) reviews. Education by TMHP (Fiscal Agent) Representative at the request of MPI (Medicaid Provider Integrity) originating from complaints or referrals received. Also, Texas does follow-up contract monitoring activities and provider education and workshops | Yes | Yes | No | Internal/external relational database (e.g., Oracle), Commercial/off-the-shelf PC product |
| NA | Yes | Yes | Yes | Internal/external relational database (e.g., Oracle) |
| Banner pages and Provider Advisories | Yes | No | No | Internal/external relational database (e.g., Oracle), Vendor proprietary database |

| | | | | |
|---|---|---|---|---|
| NA | Yes | No | No | Internal/external relational database (e.g., Oracle), Vendor proprietary database, Commercial/off-the-shelf PC product |
| HCA (formerly HRSA) operates a toll free number and email address for reports of possible provider fraud, waste and abuse. HCA also hosts meetings with provider associations/groups to discuss proper billing practices | Yes | No | No | Vendor proprietary database |
| NA | Yes | Yes | No | Vendor proprietary database |
| NA | Yes | Yes | Yes | Internal/external relational database (e.g., Oracle) |

| NA | Yes | No | No | Vendor proprietary database |

# FY 2010 State Program Integrity Assessment Dataset

| Name of Vendor proprietary database | Name of Commercial/off-the-shelf PC product | Data repository platform used for data mining - Other | Data mining techniques used to detect Medicaid fraud, waste & abuse or inappropriate payments | Data mining techniques used to detect Medicaid fraud, waste & abuse or inappropriate payments - Other |
|---|---|---|---|---|
| Q28Vendor | Q28Commercial | Q28Other | Q29 | Q29Other |
| NA | HP Customized Business Objects / Oracle | NA | Sampling | NA |
| JSURS | NA | NA | Algorithms, Statistical analysis | NA |
| NA | NA | Started using EDI Watch for data mining 2011 | Algorithms, Sampling, Statistical analysis | NA |
| Profiler | NA | NA | Algorithms, Models | NA |

| | | | | |
|---|---|---|---|---|
| NA | NA | Case Tracking, EDSNet, PETS, Livelink, Merlin, R2W, EIMS, MEDS, COTS, MIS/DSS Teradata Enterprise Class Data Warehouse RDMS, | Algorithms, Sampling, Statistical analysis, Models, Artificial intelligence/fuzzy logic | Risk Analysis on Cost Samples, Duplicate Services Indicator in the TCM On-Line Payment System |
| NA | TOAD, Stata, SPSS, SAS, | ESURS | Algorithms, Sampling, Statistical analysis, Models | NA |
| NA | NA | NA | Algorithms, Sampling, Statistical analysis | NA |
| HP: MMIS | NA | MMIS, copied to BOB Universe | Algorithms, Sampling, Statistical analysis | NA |

| | | | | |
|---|---|---|---|---|
| EFADS/Query Studio | NA | NA | Algorithms, Sampling, Statistical analysis | NA |
| NA | BusinessObjects | Medicaid Decision Support System (DSS) | Algorithms, Sampling, Statistical analysis | BusinessOgjects ad hoc queries |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | |
| NA | NA | SURS reports which are HPMMIS system generated reports | Other | Ad Hoc reports from HPMMIS |
| Thomson Reuters DSS; Molina QNXT | MS Access | NA | Algorithms, Sampling, Statistical analysis, Models | NA |

| | | | | |
|---|---|---|---|---|
| NCR Teradata | NA | NA | Algorithms, Sampling, Statistical analysis, Models, Artificial intelligence/fuzzy logic | Predictive Modeling, Exploratory Analysis, Network Analysis |
| McKeeson, AIM, Business Objects | SAS, ACL | NA | Algorithms, Sampling, Statistical analysis | NA |

| Database used with FADS (Fraud and Abuse Detection System) Vendor: | | | | |
|---|---|---|---|---|
| OptumInsight | NA | NA | Algorithms, Sampling | NA |
| NA | NA | NA | Algorithms, Sampling, Statistical analysis, Artificial intelligence/fuzzy logic | NA |

| | | | | |
|---|---|---|---|---|
| HP MMIS/DSS | NA | NA | Algorithms, Sampling, Statistical analysis | NA |
| J-SURS | NA | Data Warehouse | Algorithms, Sampling, Statistical analysis | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Molina | JURS and Advantage Suite | NA | Algorithms, Sampling | NA |
| Thomas Reuters J-SURS | NA | NA | Algorithms, Statistical analysis | NA |
| NA | NA | NA | Algorithms, Sampling, Statistical analysis, Models, Artificial intelligence/fuzzy logic | 100% is chosen, rather than sampling |
| NA | NA | J-SURS, BI/Query | Algorithms, Sampling, Statistical analysis, Models | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| NR | NA | NA | Algorithms, Sampling, Statistical analysis | Investigative knowledge |
| JSURS | NA | NA | Algorithms, Sampling, Statistical analysis, Models | NA |
| NA | NA | The underlying data repository is an internal/external relational database while the front-end software is a hybird proprietary/COTS product. The vendor is Thomson Reuters. | Algorithms, Statistical analysis | ADHOC reports are created based on ideas and tips received |

| | | | | |
|---|---|---|---|---|
| DSS (Oracle), Query Path | Excel | NA | Algorithms, Sampling, Statistical analysis | NA |
| Thomson/Reuters Medstat | NA | NA | Algorithms, Sampling, Statistical analysis, Artificial intelligence/fuzzy logic | NA |
| Decision Analyst - Thomson-Reuters | NA | NA | Sampling, Statistical analysis | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | |
| NA | NA | NA | Algorithms, Sampling, Statistical analysis | NA |
| Optum Insights / Enterprise Surveillance and Utilization Review | NA | NA | Algorithms, Sampling, Models, Artificial intelligence/fuzzy logic | NA |
| Teradata | NA | Data Mining System; Salient | Algorithms, Sampling, Statistical analysis, Models | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| DRIVE/FADS/SURS | NA | Database server: Sybase | Algorithms, Sampling, Statistical analysis, Models | NA |
| Thomson Reuters, Health Information Designs and RX Explorer | NA | NA | Algorithms, Sampling, Statistical analysis | Staff experience and complete claims review |
| Decision Analyst | NA | NA | Algorithms, Sampling, Statistical analysis | Alert and Profile Reports |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Algorithms, Sampling, Statistical analysis | NA | NA | Algorithms, Sampling, Statistical analysis | NA |
| Business Objects, DSS Profiler | NA | NA | Algorithms, Sampling, Statistical analysis, Models | NA |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| DSS Profiler | NA | NA | Algorithms, Sampling, Statistical analysis, Models, Artificial intelligence/fuzzy logic | NA |
| DSS Profiler | Business Objects | NA | Sampling, Statistical analysis | NA |
| NA | NA | NA | Algorithms, Sampling, Statistical analysis | SURS ranking, spike, exception reports |
| NA | NA | MSIS for MIP | Algorithms, Sampling, Statistical analysis | MIP |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| NR | NR | NA | Algorithms, Sampling, Statistical analysis, Models, Artificial intelligence/fuzzy logic | |
| NA | Business Objects | NA | Algorithms, Sampling, Statistical analysis, Models | NA |
| NA | NA | NA | Algorithms, Sampling, Statistical analysis, Models | NA |
| HPES - DSS Profiler | NA | Contractor - Optum Insight | Algorithms, Sampling | DSS Profiler reports and abberant pattern review |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| JSURS | ACL | SAS server Name: Citrix, IRP | Algorithms, Sampling, Statistical analysis | NA |
| OptumHealth | NA | NA | Algorithms, Sampling, Statistical analysis, Models, Artificial intelligence/fuzzy logic | NA |
| J-SURS | NA | NA | Algorithms, Sampling, Statistical analysis | NA |
| NA | NA | NA | Algorithms, Statistical analysis, Models | Ad hoc queries |

| | | | Algorithms, Sampling, Statistical analysis, Models | |
|---|---|---|---|---|
| Optum Insight EFADS | NA | NA | | NA |

# FY 2010 State Program Integrity Assessment Dataset

| Data mining analysis tools used to detect Medicaid fraud, waste & abuse or inappropriate payments | Name of Vendor toolset | Name of Commercial/off-the-shelf PC product | Data mining analysis tools used to detect Medicaid fraud, waste & abuse or inappropriate payments - Other | Overpayments ($) identified as a result of data mining activities |
|---|---|---|---|---|
| Q30 | Q30Vendor | Q30Commercial | Q30Other | Q31 |
| Mainframe queries, SQL query, Commercial/off-the-shelf PC product | NA | HP Customized Business Objects | NA | $2,401,971.00 |
| Vendor toolset | JSURS | NA | NA | $364,237.00 |
| Mainframe queries | NA | NA | EDI Watch data mining began in 2011 | $0.00 |
| Not Reported | Not Reported | Not Reported | Not Reported | $0.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Mainframe queries, SAS, SQL query, Vendor toolset, Commercial/off-the-shelf PC product | Fair Isaac | Business Objects | TCM On-Line Payment System, Business Objects Queries | $104,966,216.55 |
| Mainframe queries, SAS, SQL query, Vendor toolset | Optum Insight EFADS/ESURS/Browse and Search | SAS, TOAD, Stat, EXCEL,SPSS | NA | $3,241.09 |
| Commercial/off-the-shelf PC product | NA | Business Objects | NA | $53,430.00 |
| Vendor toolset | SUR Subsystem | NA | MMIS SUR Subsystem and Business Objects | $1,285,192.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Mainframe queries | EFADS/Query Studio | NA | NA | $13,836,082.39 |
| SQL query, Vendor toolset, Commercial/off-the-shelf PC product | DSSProfiler | BusinessObjects | DSSProfiler which contains SURS reporting, Chi Square analyses, Early Warning and 1.5 Report | $39,011,157.00 |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | $0.00 |
| NA | NA | NA | NA | $0.00 |
| Mainframe queries, SQL query, Vendor toolset, Commercial/off-the-shelf PC product | Thomson Reuters Medstat Advantage Suite | MS Access; MS Excel; Business Objects Desktop Intelligence | NA | $280,636.91 |

| | | | | | |
|---|---|---|---|---|---|
| SAS, SQL query, Vendor toolset, Commercial/off-the-shelf PC product | Teradata SQL Assistant | Hummingbird Bi-Query, Crystal Reports , Microsoft Access | NA | | $1,191,232.95 |
| SAS, SQL query, Vendor toolset, Other, please describe : ACL and Business Objects, , | McKeeson | NA | NA | | $3,443,881.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| SQL query | NA | NA | FADS (Fraud and Abuse Detection System) Vendor: Optum Insight | $834,814.00 |
| Mainframe queries, SAS, SQL query, Commercial/off-the-shelf PC product | NA | Business Objects | NA | $3,740,223.00 |

FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Mainframe queries, SQL query, Commercial/off-the-shelf PC product | NA | Business Objects, Excel and Access | NA | $1,908,790.32 |
| SAS, SQL query, Vendor toolset | J-SURS | NA | NA | $2,889,701.62 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| SQL query, Commercial/off-the-shelf PC product | NA | JSURS | NA | $0.00 |
| Mainframe queries, Vendor toolset | Thomas Reuters J-SURS | NA | NA | $4,938,699.00 |
| Mainframe queries, SAS, SQL query, Vendor toolset, Commercial/off-the-shelf PC product | NA | NA | Microsoft Access & MapPoint | $5,000,000.00 |
| Mainframe queries, SQL query, Vendor toolset | Optum Insight BI/Query, Thomson Reuters J-SURS | NA | NA | $63,853.34 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| SQL query | NA | SPSS; Microsoft Streets & Trips; Microsoft MapPoint | NA | $19,979,300.00 |
| Vendor toolset | JSURS | NA | NA | $1,840,293.44 |
| Mainframe queries, SQL query, Vendor toolset | Thomson Reuters Advantage Suite | NA | NA | $27,380,207.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| SQL query, Vendor toolset | Query Path (ACS), Omni Alert | NA | NA | $2,061,969.38 |
| Vendor toolset | Thomson/Reuters Medstat | NA | NA | $273,866.96 |
| Vendor toolset | Decision Analyst - Thomson-Reuters | NA | NA | $1,210,046.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | $0.00 |
| SQL query | NA | NA | NA | $0.00 |
| Vendor toolset | Optum Insights / Enterprise Surveillance and Utilization Review (ESUR) and Enterprise Fraud Analytics (EFA) | NA | NA | $2,837,320.75 |
| Mainframe queries, SQL query, Vendor toolset | Salient | NA | BI Query; BI Analyze; SPSS | $51,164,260.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| SAS, SQL query, Vendor toolset | IBM uses FAMS | NA | NA | $1,035,674.34 |
| Mainframe queries, Vendor toolset | Thomson Reuters, HID RX Explorer and RX Sentry | NA | NA | $5,600.00 |
| SAS, Vendor toolset, Commercial/off-the-shelf PC product | Decision Support System | SPSS, Excel | NA | $4,191,690.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Mainframe queries, SQL query | NA | NA | NA | $17,696,804.82 |
| Mainframe queries, SQL query, Vendor toolset, Commercial/off-the-shelf PC product | Business Objects, DSS Profiler | Microsoft Access, Microsoft Excel | RAT Stats, MapInfo, SPSS, Microsoft Office Products | $2,734,158.76 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| SQL query, Vendor toolset, Commercial/off-the-shelf PC product | FADS/HP | Business Objects | NA | $0.00 |
| Mainframe queries, SAS, SQL query, Vendor toolset, Commercial/off-the-shelf PC product | DSS Profiler | Business Objects, SMART PA | NA | $811,573.46 |
| SQL query, Vendor toolset | Thomson Reuters Advantage Suite, Data Probe | NA | NA | $4,306,735.00 |
| Mainframe queries | NA | NA | MIP | $0.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Mainframe queries, SAS, SQL query, Vendor toolset, Commercial/off-the-shelf PC product | | | | $33,414,534.00 |
| Commercial/off-the-shelf PC product | Not Reported | Business Objects | MFADS Interface | $7,436,129.90 |
| Mainframe queries, SQL query, Vendor toolset | NR | NA | NA | $0.00 |
| Vendor toolset | HPES DSS Profiler & Optum Insight | NA | Business Objects, Ad Hoc | $8,871.26 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Mainframe queries, SAS, Vendor toolset, Commercial/off-the-shelf PC product | J-SURS | ACL | Oracle | $28,999,015.51 |
| SQL query, Vendor toolset | OptumHealth uses Oracle products | NA | NA | $4,600,573.00 |
| SQL query, Vendor toolset | J-SURS | NA | NA | $0.00 |
| SQL query, Vendor toolset, Commercial/off-the-shelf PC product | DSS Profiler, ETG | MS Access, MS Excel | SPSS, SPSS modeler | $0.00 |

| SQL query, Vendor toolset | Optum Insight Efads | NA | NA | $720.52 |

# FY 2010 State Program Integrity Assessment Dataset

| Percent of cases opened from overpayments identified as a result of data mining activities | Does the State typically extrapolate overpayments | Total number of provider audits conducted - DeskAuditsState | Total number of provider audits conducted - DeskAuditsCtr | Total number of provider audits conducted - FieldAuditsState | Total number of provider audits conducted - FieldAuditsCtr |
|---|---|---|---|---|---|
| Q32 | Q33 | Q34DeskState | Q34DeskCtr | Q34FieldState | Q34FieldCtr |
| 97% | No | 0 | 0 | 0 | 0 |
| 0% | Yes | 0 | 0 | 0 | 0 |
| 0% | Yes | 0 | 0 | 0 | 0 |
| 10% | No | 0 | 0 | 135 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0% Yes | 12 | 0 | 925 | 0 |
| 20% No | 121 | 24 | 0 | 0 |
| 1% Yes | 4 | 0 | 82 | 0 |
| 32% No | 19 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 43% No | | 122 | 0 | 12 | 11 |
| 0% Yes | | 0 | 0 | 0 | 0 |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| 0% No | | 23 | 0 | 0 | 0 |
| 44% No | | 139 | 0 | 53 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 18.00% Yes | 35 | 0 | 91 | 157 |
| 10000% Yes | 15 | 4,863 | 532 | 6 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 66% No | 0 | 0 | 29 | 0 |
| 74% No | 320 | 0 | 39 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | 85 | 45 | 17 | 11 |
|---|---|---|---|---|
| 7% Yes | | | | |
| 52% Yes | 32 | 918 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0% Yes | 717 | 0 | 0 | 0 |
| 97% No | 0 | 0 | 0 | 0 |
| 60% Yes | 287 | 6 | 1 | 68 |
| 55% Yes | 0 | 0 | 7 | 30 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0% No | 0 | 0 | 57 | 0 |
| 45% Yes | 0 | 0 | 1 | 8 |
| 73% No | 0 | 0 | 52 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

|  |  |  |  |  |
|---|---|---|---|---|
| 100% No | 0 | 0 | 0 | 0 |
| 40% No | 0 | 0 | 19 | 0 |
| 53% No | 826 | 0 | 21 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
|---|---|---|---|---|---|
| 0% Yes | | 2 | 0 | 6 | 0 |
| 100% No | | 5 | 0 | 0 | 0 |
| 44% Yes | | 2,579 | 0 | 174 | 106 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0% Yes | 0 | 0 | 678 | 0 |
| 99% No | 0 | 0 | 30 | 0 |
| 0% Yes | 0 | 0 | 1 | 6 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 92% Yes | 1,071 | 15,600 | 9 | 0 |
| 100% Yes | 71 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 0% No | 0 | 0 | 12 | 12 |
| 6% No | 83 | 14 | 0 | 0 |
| 48% No | 0 | 0 | 118 | 0 |
| 0% No | 0 | 0 | 29 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

0%  No

77%  Yes              0              0              96              0

0%  No               0              0              6               0

16%  No              338            0              0               0

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 100% No | 0 | 0 | 36 | 194 |
| 0% No | 532 | 0 | 5 | 1 |
| 0% No | 442 | 68 | 0 | 0 |
| 0% No | 0 | 0 | 65 | 0 |

| | | | | |
|---|---|---|---|---|
| 1% No | 714 | 112 | 0 | 0 |

| Total number of provider audits conducted - ProviderSelfAuditsState | Total number of provider audits conducted - ProviderSelfAuditsCtr | Total number of provider audits conducted - ComboDeskFieldState | Total number of provider audits conducted - ComboDeskFieldCtr | Total number of provider audits conducted - CostReportState | Total number of provider audits conducted - CostReportCtr |
|---|---|---|---|---|---|
| Q34SelfState | Q34SelfCtr | Q34ComboState | Q34ComboCtr | Q34CostRepState | Q34CostRepCtr |
| 0 | 0 | 0 | 0 | 41 | 9 |
| 30 | 0 | 0 | 53 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| 48 | 0 | 594 | 0 | 2,301 | 0 |
| --- | --- | --- | --- | --- | --- |
| 9 | 0 | 0 | 0 | 0 | 356 |
| 0 | 0 | 0 | 0 | 0 | 79 |
| 0 | 0 | 0 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 |
| 177 | 0 | 3,364 | 0 | 0 | 94 |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| 0 | 0 | 23 | 0 | 0 | 0 |
| 3 | 0 | 0 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

0                    0                    0                    0                    0                    0

43                   0                    67                   8                    1,012                0

# FY 2010 State Program Integrity Assessment Dataset

| 0 | 13 | 0 | 0 | 0 | 0 |
|---|----|---|---|---|---|
| 0 | 0  | 0 | 0 | 0 | 0 |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 501 | 40 | 6 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 15 | 0 | 0 | 0 | 732 | 0 |
| 0 | 0 | 57 | 3,610 | 0 | 0 |
| 0 | 0 | 355 | 13 | 0 | 0 |
| 72 | 0 | 251 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 788 | 0 | 2 | 0 |
| 3 | 0 | 6 | 0 | 0 | 0 |
| 616 | 0 | 0 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

|  | | | | | |
|---|---|---|---|---|---|
| 96 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 8 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 29 | 0 | 0 | 0 | 0 | 0 |
| 154 | 0 | 5 | 0 | 55 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 69 | 0 | 0 | 0 | 1,029 | 19 |
| 0 | 0 | 0 | 0 | 35 | 0 |
| 39 | 0 | 0 | 12,060 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

|  | 10 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|
|  | 7 | 0 | 0 | 0 | 31 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 15 | 14 | 0 | 0 | 0 | 0 |
| 0 | 122 | 0 | 0 | 0 | 122 |
| 154 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 2 | 0 | 40 | 0 |

FY 2010 State Program Integrity Assessment Dataset

9                6,103

0            0            0            0            3,167            0

0            0            1,258            0            5            0

5            0            7            0            0            0

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 0 | 0 | 0 | 0 | 0 |
| 0 | 0 | 0 | 0 | 0 | 0 |
| 2 | 0 | 0 | 0 | 81 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| 2 | 3 | 0 | 0 | 0 | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| Total number of provider audits conducted - TotalState | Total number of provider audits conducted - TotalCtr | Overpayments identified ($) as a result of provider audits - Desk Audits | Overpayments identified ($) as a result of provider audits - Field Audits | Overpayments identified ($) as a result of provider audits - Provider self-audits | Overpayments identified ($) as a result of provider audits - Combo Desk/Field |
|---|---|---|---|---|---|
| Q34TotalState | Q34TotalCtr | Q35Desk | Q35Field | Q35Self | Q35Combo |
| 41 | 9 | $ 2,401,971.00 | $ - | $ - | $ - |
| 30 | 53 | $ - | $ - | $ 364,237.00 | $ 1,941,905.00 |
| 167 | 0 | $ 6,788,060.32 | $ - | $ - | $ - |
| 135 | 0 | $ - | $ 4,446,524.00 | $ - | $ - |

| | | | | |
|---|---|---|---|---|
| 3,880 | 0 $ | 439,196.00 $ | 45,498,482.87 $ | 1,778,704.23 $ | 1,516,000.00 |
| 130 | 380 $ | 6,058,449.11 $ | - $ | 287,268.54 $ | - |
| 86 | 79 $ | 53,430.00 $ | 7,825,420.00 $ | - $ | - |
| 19 | 0 $ | 1,503,804.48 $ | - $ | - $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 137 | 11 | $ | 919,050.58 | $ | 8,834,947.58 | $ | 13,432.53 | $ | - |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 3,541 | 94 | $ | - | $ | - | $ | 6,917,019.44 | $ | 32,094,137.87 |
| 0 | 0 | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| 46 | 0 | $ | 1,077,079.00 | $ | - | $ | - | $ | - |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 195 | 0 | $ | 320,555.81 | $ | 3,067,143.13 | $ | 12,334.70 | $ | - |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 126 | 157 $ | 16,689.95 $ | 19,259,392.88 $ | 59,545.64 $ | - |
| 1,669 | 4,877 $ | 3,052,049.00 $ | 286,109.00 $ | 391,332.00 $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 29 | 13 $ | 656,217.00 $ | 48,101.00 $ | 85,844.00 $ | - |
| 359 | 0 $ | 17,449,323.00 $ | 531,934.00 $ | - $ | - |

| | | | | |
|---|---|---|---|---|
| 609 | 96 $ | 1,886,046.78 $ | 1,550,143.65 $ | - $ | 1,864,806.56 |
| 32 | 918 $ | 5,071,401.83 $ | - $ | - $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 1,464 | 0 $ | 23,468,326.94 $ | - $ | 860,239.43 $ | - |
| 57 | 3,610 $ | - $ | - $ | - $ | 12,672,243.00 |
| 643 | 87 $ | 1,000,000.00 $ | 10,600,000.00 $ | - $ | 5,142,395.00 |
| 330 | 30 $ | 194,293.54 $ | 7,122,825.52 $ | 154,599.00 $ | 214,649.95 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 847 | 0 | $ | 821,700.00 | $ | 560,600.00 | $ | - | $ | 19,979,300.00 |
| 10 | 8 | $ | 1,564,641.11 | $ | 5,447,798.28 | $ | 103,088.64 | $ | 288,037.09 |
| 668 | 0 | $ | 5,876,084.00 | $ | 974,598.00 | $ | 2,566,024.00 | $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 96 | 0 $ | 1,934,040.07 $ | - $ | 127,929.31 $ | - |
| 19 | 0 $ | 180,640.46 $ | - $ | 440,227.34 $ | - |
| 855 | 0 $ | 1,335,589.53 $ | 275,465.11 $ | - $ | 255,136.33 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 0 | 0 | Report Not Received | | Report Not Received | | Report Not Received | | Report Not Received |
| 8 | 0 | $ | - | $ | 152,594.00 | $ | 17,266.52 | $ | - |
| 34 | 0 | $ | 1,638,159.15 | $ | - | $ | 1,199,161.60 | $ | - |
| 2,967 | 106 | $ | 68,845,057.00 | $ | 49,031,561.00 | $ | 26,696,557.00 | $ | 2,607,183.00 |

| | | | | |
|---|---|---|---|---|
| 1,776 | 19 $ | 25,811,965.13 $ | 19,308,927.12 $ | 417,832.95 $ | - |
| 65 | 0 $ | 140,138.64 $ | 1,615.13 $ | - $ | - |
| 40 | 12,066 $ | 5,040,027.00 $ | 2,382,321.00 $ | 2,353,481.00 $ | 30,261,457.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 1,090 | 15,600 | $ 6,633,806.76 | $ 554,805.35 | $ 289,815.04 | $ - |
| 109 | 0 | $ 1,426,574.04 | $ - | $ 1,307,584.72 | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| 27 | 26 $ | 7,607,883.73 $ | - $ | - $ | - |
| 83 | 258 $ | - $ | - $ | - $ | - |
| 272 | 0 $ | 4,809,572.00 $ | 3,859,726.00 $ | 469,245.00 $ | - |
| 71 | 0 $ | 1,147,338.00 $ | 26,393.00 $ | 581,275.00 $ | 107,897.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 9 | 6,103 | $ | 76,088.00 | | | $ | 5,986,946.00 |
| 3,263 | 0 | $ | - | $ | 2,828,295.72 | $ | - | $ | - |
| 1,269 | 0 | $ | 175,674.00 | $ | - | $ | - | $ | 3,030,141.35 |
| 350 | 0 | $ | 3,702,552.29 | $ | - | $ | 53,146.91 | $ | 2,038,658.05 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 36 | 194 | $ | 8,472,064.13 | $ | 20,526,951.38 | $ | - | $ | - |
| 538 | 1 | $ | 3,537,833.00 | $ | 1,078,435.00 | $ | 20,297.00 | $ | - |
| 442 | 68 | $ | 2,559,363.33 | $ | - | $ | - | $ | - |
| 148 | 0 | $ | 15,929,843.27 | $ | 1,660,861.04 | $ | 43,969.00 | $ | - |

| 716 | 115 | $ | 760,389.06 | $ | - | $ | 15,024.85 | $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| Overpayments identified ($) as a result of provider audits - Cost Report | Overpayments identified ($) as a result of provider audits - Total | Mechanisms available to the public for reporting cases of suspected Medicaid fraud, waste, or abuse | Mechanisms available to the public for reporting cases of suspected Medicaid fraud, waste, or abuse | Total number of tips received |
|---|---|---|---|---|
| Q35CostRep | Q35Total | Q36 | Q36Other | Q37 |
| $ 2,884,567.00 | $ 5,286,538.00 | Telephone hotline, Website, Email address, Mailing address | NA | 21 |
| $ - | $ 2,306,142.00 | Telephone hotline, Website, Email address, Mailing address | NA | 124 |
| $ - | $ 6,788,060.32 | Telephone hotline, Website, Email address, Mailing address | NA | 1,246 |
| $ - | $ 4,446,524.00 | Telephone hotline, Website, Email address, Mailing address | NA | 114 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| $ 55,673,046.00 | $ 104,905,429.10 | Telephone hotline, Website, Email address, Mailing address | On-Site Review Observation | 2,908 |
| $ - | $ 6,345,717.65 | Telephone hotline, Email address, Mailing address | FAX | 34 |
| $ 6,327,119.00 | $ 14,205,969.00 | Telephone hotline, Website, Mailing address | NA | 114 |
| $ - | $ 1,503,804.48 | Telephone hotline, Website, Email address, Mailing address | NA | 223 |

| | | | | |
|---|---|---|---|---|
| $ 1,302,341.00 | $ 11,069,771.69 | Telephone hotline, Website, Email address, Mailing address | NA | 50 |
| $ 9,009,904.00 | $ 48,021,061.31 | Telephone hotline, Website, Email address, Mailing address | NA | 106 |
| Report Not Received | $ - | Report Not Received | | Report Not Received |
| $ 239,575.00 | $ 1,316,654.00 | Other | Investigator's direct phone line | 1 |
| $ - | $ 3,400,033.64 | Telephone hotline, Website, Email address, Mailing address | Facsimile | 43 |

| | | | | |
|---|---|---|---|---|
| $ - | $ 19,335,628.47 | Telephone hotline, Website, Email address, Mailing address | NA | 462 |
| $ 1,725,400.00 | $ 5,454,890.00 | Telephone hotline, Website, Email address, Mailing address, Other, please specify: : Call Center/Customer Service | NA | 1,101 |

| | | | | |
|---|---|---|---|---|
| $ | - | $ | 790,162.00 | Telephone hotline, Email address, Mailing address | NA | 253 |
| $ | - | $ | 17,981,257.00 | Telephone hotline, Mailing address | NA | 149 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| $ - | $ | 5,300,996.99 | Telephone hotline, Website, Email address, Mailing address | Letters mailed to our office or OIG as well as Explanation of Benefits | 534 |
| $ - | $ | 5,071,401.83 | Telephone hotline, Website, Mailing address, Other | Fax | 1,238 |

| | | | | |
|---|---|---|---|---|
| $ | 14,755,121.00 $ | 39,083,686.00 | Telephone hotline, Website | NA | 0 |
| $ | - $ | 12,672,243.00 | Telephone hotline, Website, Email address, Mailing address | Face-to-face interviews | 10 |
| $ | - $ | 16,742,395.00 | Telephone hotline, Website | NA | 652 |
| $ | - $ | 7,686,368.01 | Telephone hotline, Website, Mailing address | NA | 525 |

| | | | | |
|---|---|---|---|---|
| $ | 44,000.00 $ | 21,405,600.00 | Telephone hotline, Website, Email address, Mailing address | Fax | 1,347 |
| $ | - $ | 7,403,565.12 | Telephone hotline, Website, Email address, Mailing address | NA | 165 |
| $ | - $ | 9,416,706.00 | Telephone hotline, Website, Email address, Mailing address | Missouri Senior Medicare Patrol | 26 |

| | | | | |
|---|---|---|---|---|
| $ | - | $ | 2,061,969.38 | Telephone hotline, Website, Email address | NA | 0 |
| $ | - | $ | 620,867.80 | Telephone hotline, Website, Email address, Mailing address | NA | 2 |
| $ | - | $ | 1,866,190.97 | Telephone hotline, Website, Email address, Mailing address | NA | 217 |

| | | | | |
|---|---|---|---|---|
| Report Not Received | $ | - | Report Not Received | Report Not Received |
| $ - | $ | 169,860.52 | Telephone hotline, Website, Mailing address | NA | 266 |
| $ - | $ | 2,837,320.75 | Telephone hotline, Email address, Mailing address | NA | 388 |
| $ 15,828,063.00 | $ | 163,008,421.00 | Telephone hotline, Website, Email address, Mailing address | OMIG general phone number, (518) 473-3782, as distributed at presentations and published in the monthly Medicaid Update Newsletter | 1,957 |

| | | | |
|---|---|---|---|
| $ 19,735,937.00 | $ 65,274,662.20 | Telephone hotline, Website, Email address, Mailing address | Medicaid Fraud Investigation Unit | 2,908 |
| $ 4,523,297.00 | $ 4,665,050.77 | Telephone hotline, Website, Email address | Direct call to Department of Human Services, Medical Services Division | 27 |
| $ - | $ 40,037,286.00 | Telephone hotline, Website | NA | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| $ - | $ 7,478,427.15 | Telephone hotline, Website, Mailing address | Walk-in | 58 |
| $ 1,284,027.00 | $ 4,018,185.76 | Telephone hotline, Website, Email address, Mailing address | In person referrals | 17 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ | - | $ | 7,607,883.73 | Telephone hotline, Website, Email address, Mailing address | Fax | 1,163 |
| $ | 811,573.46 | $ | 811,573.46 | Telephone hotline, Website, Email address, Mailing address | NA | 0 |
| $ | - | $ | 9,138,543.00 | Telephone hotline, Website, Email address, Mailing address | FAX | 1,212 |
| $ | 6,940,854.00 | $ | 8,803,757.00 | Telephone hotline, Website, Email address, Mailing address | NA | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| | $ | 6,063,034.00 | Telephone hotline, Website, Email address, Mailing address | | 6,198 |
| $ | 105,344,307.00 $ | 108,172,602.72 | Telephone hotline, Website, Email address, Mailing address | NA | 531 |
| $ | 728,669.00 $ | 3,934,484.35 | Telephone hotline, Website, Email address, Mailing address | NA | 156 |
| $ | - $ | 5,794,357.25 | Telephone hotline, Website, Email address, Mailing address | NA | 559 |

| | | | | | |
|---|---|---|---|---|---|
| $ | - | $ | 28,999,015.51 | Telephone hotline, Website, Email address, Mailing address | EOMBs | 75 |
| $ | - | $ | 4,636,565.00 | Telephone hotline, Email address | NA | 239 |
| $ | - | $ | 2,559,363.33 | Telephone hotline, Website, Email address, Mailing address | NA | 0 |
| $ | 436,091.78 | $ | 18,070,765.09 | Telephone hotline, Website, Email address, Mailing address | NA | 62 |

| | | | | | |
|---|---|---|---|---|---|
| $ | - | $ | 775,413.91 | Website, Email address, Mailing address | NA | 12 |

| Total number of tips that resulted in a recovery or referral | State has written standard operating procedures (SOPs) for determining how and when providers should be referred to the MFCU | State has written standard operating procedures (SOPs) for determining how and when providers should be referred to the MFCU - Describe | State has tracking systems that track the progress of Medicaid Integrity investigations | State has a process to track the number of referrals sent to the MFCU |
|---|---|---|---|---|
| Q38 | Q39 | Q39Describe | Q40 | Q41 |
| 6 | Yes | Chapter 4 Alabama Medicaid Administrative Code | Yes | Yes |
| 124 | Yes | Written Fraud referral procedures are in place | No | Yes |
| 314 | Yes | NR | No | Yes |
| 45 | Yes | NR | Yes | Yes |

| | | | |
|---|---|---|---|
| 121 Yes | Investigations Policy Manual: Standard methods and criteria are followed while identified in suspected fraud case. The investigations Manual is followed for all investigation activities. | Yes | Yes |
| 4 Yes | Within 24 hours of determining credible allegation of fraud | Yes | Yes |
| 1 No | NA | No | Yes |
| 130 Yes | Referrals are made to MFCU if there is either a suspicion or reasons to believe that an incident of provider fraud or abuse has occurred regardless of the amount of money involved. | Yes | Yes |

| | | | | |
|---|---|---|---|---|
| | 22 Yes | DHCF adheres to the requirements of 42 CFR Â§ 455.13, Â§455.14, Â§455.15 and 455.16. When OPI receives a report of suspected Medicaid fraud from any source or identifies any questionable practices, it conducts a preliminary investigation to determine whether there is sufficient basis to warrant a full investigation by the MFCU. | Yes | Yes |
| | 6 Yes | Memorandum of Understanding and meetings every two weeks to discuss referrals. | Yes | Yes |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| | 0 Yes | Follows CFR & best practices. | Yes | Yes |
| | 30 Yes | Providers are referred to the MFCU upon identification of credible allegations of fraud | Yes | Yes |

65 Yes    HFS-OIG implemented an office wide CASE Tracking System (CASE) in December 2004, which is used to manage and monitor its various cases and activities. Imbedded within the CASE system are Categories, Task, Activities and Routes which support HFS-OIG procedures, processes and workflow. Generally speaking, Categories define the type of case, Tasks define the process to be performed, Activities define the working to be performed, and Routes define the case flow. HFS-OIG utilizes the CASE system to generate reports that define the procedures and workflow. The Task and Activity reports list the individual Activities that can be performed within each Task. Route reports list eh predefined Routes for each Task. These reports are living documents that define the procedures and workflow for the various functions.    Yes    Yes

228 Yes    The State has written SOPs for determining referal to MFCU within the operation manual for Pharmacy. In addition, the referal process was documented in the MOU between SUR and MFCU.    Yes    Yes

| | | | |
|---|---|---|---|
| 139 Yes | During the course of a preliminary review, if fraud or abuse are suspected, or if the provider is significantly non-compliant with State guidelines for review, or if a provider has continued an aberrant practice after documented education regarding the issue, a Provider Notice is given to the MFCU to determine whether they will open an active investigation. | Yes | Yes |
| 0 Yes | All contractors have policies directing them to report all cases of suspected fraud to the MFCU. These policies are approved by the Single State Agency. | Yes | Yes |

The DMS has a Memorandum of Understanding with the OIG and MFCU: The Department, through the OIG or otherwise, after receiving a complaint and determining whether or not to open a preliminary investigation, shall notify the MFCU of the complaint and the action taken by the Department, unless the complaint appears criminal on its face in which case it will be forwarded directly to the MFCU for their action. If the OIG opens a preliminary investigation, the MFCU shall assign an investigator to be a contact for the OIG investigator regarding the preliminary complaint. The MOU states in part: The Department, upon the completion of audits, utilization reviews, surveys or preliminary investigations by the OIG (hereinafter referred to as Other Source Referrals (OSR)), which establish suspected Medicaid provider fraud, shall exclusively through the OIG, refer all such cases to the MFCU. When deemed appropriate by the OIG, such cases may also be referred to other governmental agencies. Referrals to the MFCU shall take place prior to the Department formally initiating an administrative settlement. Within forty-five (45) days of receiving any complaint or referral from the OIG, the MFCU shall either open a criminal investigation into the matter and notify the OIG in writing of the same, or return the complaint to the OIG for appropriate action. Further, the MFCU agrees to provide to the OIG any and all information in its possession related to matters returned to the OIG, unless otherwise expressly prohibited by law. If additional time is needed to determine whether to open an investigation, the MFCU will notify the OIG and note why additional time is needed. The

512 Yes    MFCU agrees that, regardless of the source or type of referral    Yes                Yes

If fraud was suspected, we used an AG referral letter with an attached case summary. State person signature was required on
0 Yes    the referral.                                Yes                Yes

| | | | |
|---|---|---|---|
| 0 Yes | We have a Program INtegrity Manual that states when and how to submit a case to MFCU. | Yes | Yes |
| 10 Yes | All cases of potential fraud/waste/abuse are referred to MFCU. | Yes | Yes |
| 207 Yes | Memorandum of Understanding with MFCU distributed to Managers. Highlights include state's obligation, examples of common provider activities with potential for fraud or abuse, direction on where to report, process for reviewingreports and required next steps, referring responsibility, etc.. | Yes | Yes |
| 265 Yes | We have a checklist used to ensure that all data required by CFR 455.13, at a minimum, is included in each referral to the MFCU. | Yes | Yes |

| | | | |
|---|---|---|---|
| 0 Yes | DHS will refer to the MFCU if there is probable cause to believe that a provider has commited fraud or theft of Medicaid funds. For SIRS cases, the determination is made through consultation between investigators, SIRS management, and legal counsel. A referral memo and copies of all relevant case material are sent to the MFCU for their consideration. The SIRS management is in frequent contact with the MFCU director regarding the process and substance of referrals. | No | Yes |
| 15 Yes | SOP section 1.17 and MOU with MFCU | Yes | Yes |
| 6 Yes | In accordance with Program Intergrity protocol, the PIU must complete, at a minimum, a preliminary review on all provider complaints of fraud and abuse or any identified questionable practices before making a referral to the MO MFCU. If a provider is suspected of fraud or abuse the provided must be referred to MFCU. | Yes | Yes |

| | | | |
|---|---|---|---|
| 0 Yes | Montana has an MOU with MFCU | Yes | Yes |
| 0 Yes | Medicaid will, at the earliest practical opportunity in its preliminary investigation, advise the MFCU of any suspected fraud. The MFCU will screen the case to determine whether the matter requires further criminal investigation | Yes | Yes |
| 54 Yes | A MOU between the Medicaid agency and the MFCU describes the mechanism for referrals and deadlines for a determination from MFCU if they will pursue a case. | Yes | Yes |

## FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| | 80 No | NA | Yes | Yes |
| | 140 Yes | HSD/MAD performs a preliminary investigation of all fraud cases, and uses the HSD/OIG Best Practices as a guide to refer to MFCU, HSD/OIG, or other enforcement agencies | Yes | Yes |
| | 712 Yes | OMIG has a Memorandum of Understanding with the NYS Office of the Attorney General's Medicaid Fraud Control Unit which delineates how and when providers should be referred. OMIG also has a Policy and Procedure Manual that covers how and when providers should be referred to MFCU. | Yes | Yes |

| | | | |
|---|---|---|---|
| 1,762 Yes | MOU with AGO-MIU, monthly meeting with AGO-MIU, desktop procedure manual, and joint training sessions. | Yes | Yes |
| 25 No | ND does not have a MFCU | Yes | No |
| 0 Yes | Ohio Administrative Code 5101:3:1-29 | Yes | Yes |

| | | |
|---|---|---|---|
| 40 Yes | Procedures for referring cases to the MFCU have been developed in cooperation between the two agencies. The Memorandum of Understanding between OHCA and MFCU clearly defines the relationship between the agencies and OHCA's obligation to provide information timely and free of charge upon request. | Yes | Yes |
| 3 Yes | Yes, these procedures are found in the MOU DHS has with MFCU. | Yes | Yes |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| 0 Yes | When the Bureau of Program Integrity (BPI) discovers or receives information which suggests that potential fraudulent activities related to the Medical Assistance (MA) Program have occurred or are taking place, it is required to make referrals of enrolled providers, individuals, and entities to the Office of Attorney GeneralÂ¿s Medicaid Fraud Control Section (MFCS) for further investigation. When MA recipients are involved in potential MA fraud, BPI refers them to the state Office of Inspector General. All referrals going to MFCS are sent through the Department of Public Welfare's (DPW) Office of General Counsel (OGC). | Yes | Yes |
| 0 Yes | CMS-MIG Performance Standards are utilized | Yes | Yes |
| 401 Yes | PI will use the following criteria as indications that fraud could be involved: | Yes | Yes |
| 14 Yes | Suspected fraud is discussed with the Medicaid Director. If approved to refer, contact is made with the MFCU to discuss case. If decision is made to accept, SURS sends official referral form. | Yes | Yes |

| | | | |
|---|---|---|---|
| 588 Yes | Yes. It is specified in the MCE contracts. | Yes | Yes |
| 522 Yes | Per a written Memorandum of Understanding with our AGMFCU, the HHSC-OIG will refer any case to the MFCU if there is suspicion of fraud or abuse involving criminal conduct. | Yes | Yes |
| 38 Yes | NR | Yes | Yes |
| 126 Yes | MOU and State Operating Prinicple for 42 CFR 455.23 | Yes | Yes |

| | | | |
|---|---|---|---|
| 37 Yes | The State refers any case in which there is suspected fraud or abuse. | Yes | Yes |
| 4 Yes | The process used to refer providers to MFCU is outlined in the Memorandum of Understanding (MOU) between HCA and MFCU. HCA staff follow established procedures to analyze all referrals/complaints for fraud, waste and abuse. Analysis and preliminary investigation results are then formally referred to MFCU for consideration following the instructions outlined the the applicable operating manuals, and with consideration to the payment suspension requirements of the ACA. | Yes | Yes |
| 0 Yes | See comment box. | Yes | Yes |
| 22 Yes | BPI audit manual | Yes | Yes |

| | | | |
|---|---|---|---|
| 3 Yes | If it looks like fraud we refer it. | Yes | Yes |

# FY 2010 State Program Integrity Assessment Dataset

| State has a process to track the date that referrals were sent to the MFCU | State collects feedback from the MFCU to determine the number of accepted referrals | Number of referrals accepted by the MFCU | Number of referrals made to the MFCU | State imposes provider payment suspensions due to inappropriate or fraudulent activities | Number of providers that the State suspended payment |
|---|---|---|---|---|---|
| Q42 | Q43 | Q44 | Q45 | Q46 | Q46a |
| Yes | Yes | 6 | 10 | Yes | 2 |
| Yes | Yes | 219 | 219 | Yes | 0 |
| Yes | Yes | 11 | 25 | Yes | 0 |
| Yes | Yes | 1 | 1 | Yes | 0 |

| | | | | |
|---|---|---|---|---|
| Yes | Yes | 127 | 127 Yes | 62 |
| Yes | NR | 10 | 13 Yes | 7 |
| Yes | Yes | 5 | 6 No | 0 |
| Yes | Yes | 7 | 15 Yes | 0 |

| Yes | Yes | 13 | 21 Yes | 1 |

| Yes | Yes | 80 | 80 Yes | 272 |

| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |

| Yes | Yes | 3 | 4 Yes | 0 |

| Yes | Yes | 5 | 8 Yes | 3 |

| Yes | Yes | 18 | 51 Yes | 49 |

| Yes | Yes | 17 | 22 No | 0 |

| | | | | |
|---|---|---|---|---|
| Yes | Yes | 46 | 61 Yes | 14 |
| Yes | Yes | 20 | 20 Yes | 0 |

| | | | | | |
|---|---|---|---|---|---|
| Yes | Yes | 3 | 10 Yes | | 1 |
| No | Yes | 153 | 195 Yes | | 13 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Yes | Yes | 2 | 2 Yes | 0 |
| Yes | Yes | 15 | 15 Yes | 72 |
| Yes | Yes | 16 | 19 Yes | 3 |
| Yes | NR | 63 | 63 Yes | 2 |

| | | | | | |
|---|---|---|---|---|---|
| Yes | Yes | 39 | 69 Yes | | 68 |
| Yes | Yes | 6 | 10 Yes | | 1 |
| Yes | Yes | 9 | 11 Yes | | 0 |

| | | | | | |
|---|---|---|---|---|---|
| Yes | Yes | 4 | 4 Yes | | 1 |
| Yes | Yes | 16 | 19 Yes | | 239 |
| Yes | Yes | 20 | 20 Yes | | 4 |

# FY 2010 State Program Integrity Assessment Dataset

| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
|---|---|---|---|---|---|
| Yes | Yes | 9 | 14 Yes | | 13 |
| Yes | Yes | 77 | 83 Yes | | 2 |
| Yes | Yes | 37 | 121 Yes | | 109 |

FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Yes | Yes | 7 | 24 Yes | 9,745 |
| No | No | 0 | 0 Yes | 0 |
| Yes | Yes | 170 | 174 Yes | 80 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Yes | Yes | 26 | 31 Yes | | 5 |
| Yes | Yes | 57 | 272 Yes | | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Yes | Yes | 30 | 40 No | | 0 |
| Yes | Yes | 6 | 6 Yes | | 0 |
| Yes | Yes | 14 | 14 Yes | | 30 |
| Yes | Yes | 2 | 2 Yes | | 3 |

| | | | | | |
|---|---|---|---|---|---|
| Yes | Yes | 41 | 81 Yes | | 0 |
| Yes | Yes | 100 | 261 Yes | | 17 |
| Yes | Yes | 15 | 15 Yes | | 28 |
| Yes | Yes | 7 | 7 Yes | | 0 |

| Yes | Yes | 15 | 55 Yes | Yes | 0 |
|-----|-----|----|--------|-----|---|
| Yes | Yes | 2  | 2 Yes  |     | 0 |
| Yes | Yes | 17 | 17 Yes |     | 0 |
| Yes | Yes | 12 | 24 Yes |     | 7 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Yes | Yes | 7 | 7 Yes | 0 |

# FY 2010 State Program Integrity Assessment Dataset

| Number of payment suspensions | State imposes provider sanctions due to inappropriate or fraudulent activities | Number of providers referred to the State licensing board | Number of providers involuntarily dis-enrolled | Number of provider sanctions referred to OIG | State calculates the dollars cost avoided from terminating providers |
|---|---|---|---|---|---|
| Q46b | Q47 | Q47a | Q47b | Q47c | Q48 |
| | 2 Yes | | 3 | 73 | 10 Yes |
| | 0 Yes | | 0 | 2 | 2 No |
| | 0 Yes | | 0 | 0 | 0 No |
| | 0 Yes | | 0 | 78 | 78 No |

# FY 2010 State Program Integrity Assessment Dataset

173 Yes          906          1,058          1,057 No

7 Yes          6          4          11 No

0 Yes          2          2          2 No

0 Yes          2          1          1 No

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| 1 Yes | | 0 | 0 | 1 No | |
| 0 Yes | | 0 | 44 | 44 Yes | |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| 0 Yes | | 1 | 0 | 0 No | |
| 0 Yes | | 2 | 15 | 7 Yes | |

# FY 2010 State Program Integrity Assessment Dataset

|     | 2 Yes | 35 | 35 | 35 Yes |
| --- | --- | --- | --- | --- |
| NA | Yes | 124 | 129 | 27 No |

# FY 2010 State Program Integrity Assessment Dataset

| 14 Yes | 0 | 4 | 0 Yes |
|--------|---|----|--------|
| 0 Yes | 6 | 21 | 21 No |

# FY 2010 State Program Integrity Assessment Dataset

1 Yes                    3              14              14 No

13 Yes                   12             19              133 No

# FY 2010 State Program Integrity Assessment Dataset

0 Yes                    0          24          21 No

4,303 Yes                2          15          29 No

0 Yes                    0          24          0 No

0 Yes                    0          2           4 NR

# FY 2010 State Program Integrity Assessment Dataset

22 Yes                              11                    107                    107 No

0 Yes                               1                     0                      0 Yes

0 Yes                               0                     23                     14 No

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| 0 Yes | 0 | 78 | 1 No |
| 276 Yes | 0 | 12 | 10 No |
| 0 No | 0 | 0 | 0 No |

# FY 2010 State Program Integrity Assessment Dataset

| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
|---|---|---|---|---|---|
| | 55 Yes | | 0 | 0 | 0 No |
| | 2 Yes | | 0 | 0 | 0 No |
| | 2,008 Yes | | 14 | 982 | 982 Yes |

9,222 Yes                    23              9,021              59 No

0 Yes                        0               0                  0 No

80 Yes                       198             1,247              48 No

# FY 2010 State Program Integrity Assessment Dataset

12 Yes                                    3                    34                    0 Yes

0 Yes                                    10                   100                   3 No

FY 2010 State Program Integrity Assessment Dataset

0 Yes                                    10              48              23 No

0 Yes                                     0               0               0 No

Data not available, as checks
are held weekly for varying
amounts of time.        Yes               0              28              17 No

3 Yes                                     1               1               0 No

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| 0 Yes | | 34 | 34 No |
| 17 Yes | 50 | 647 | 399 Yes |
| 0 Yes | 0 | 2 | 2 No |
| 0 Yes | 0 | 0 | 1 Yes |

# FY 2010 State Program Integrity Assessment Dataset

0 No                     0              0              0 No

0 Yes                    11             6              11 Yes

0 No                     0              0              0 No

7 Yes                    0              0              3 No

# FY 2010 State Program Integrity Assessment Dataset

0 Yes                                        0                    9                    0 No

| Methodology for calculating cost avoidance, including data sources used - Terminated provider | Cost avoidance dollars from terminated providers | States calculate the dollars cost avoided from providers that withdrew due to program integrity concerns | Methodology for calculating cost avoidance, including data sources used - Providers Withdrew | Cost avoidance dollars from providers that withdrew due to program integrity concerns |
|---|---|---|---|---|
| Q48a | Q48b | Q49 | Q49a | Q49b |
| Look at the amount paid in the previous year | $ 1,265,926.00 | No | NA | $ - |
| NA | $ - | No | NA | $ - |
| NA | $ - | No | NA | $ - |
| NA | $ - | No | NA | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |

| | | | | |
|---|---|---|---|---|
| NA | $ - | No | NA | $ - |
| Savings calulations are typically based on comparison of provider billing before and after action by the Agency. | $ 1,800,000.00 | No | NA | $ - |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| NA | $ - | No | NA | $ - |
| Calculation is based on whether or not the client receives same services/quantity from another provider. If costs are reduced/eliminated, the average overpayment per month is projected over a 24-month period to project the savings. | $ 520,303.68 | Yes | Same response as 48a | $ - |

Cost savings are based on the total dollars paid to terminated providers during the 12 months prior to termination. Cost avoidance is achieved by refusing to pay any claims submitted by a terminated provider between the initiation of the hearing and the actual termination. Data source is Medical Data Warehouse     $     3,744,928.37   Yes     Cost savings are based on the total dollars paid to terminated providers during the 12 months prior to termination. Cost avoidance is achieved by refusing to pay any claims submitted by a terminated provider between the initiation of the hearing and the actual termination. Data source is Medical Data Warehouse.     $     18,251.27

NA     $     -   No     NA     $     -

| | | | | | |
|---|---|---|---|---|---|
| The historical billing pattern and volume of claims of an inappropriate or unintended Medicaid payment activity is determined, then trended forward. Data sources: Data Warehouse and Microsoft Excel regression-line trending. | $ | 97,341.00 | No | NA | $ - |
| NA | $ | - | No | NA | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| NA | $ | - | No | NA | $ - |
| NA | $ | - | No | NA | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |
| NR | $ | - | NR | NR | $ | - |

| | | | | | |
|---|---|---|---|---|---|
| NA | $ | - | No | NA | $ | - |

| | | | | | |
|---|---|---|---|---|---|
| Create report using JSURS to review Medicaid payments to terminated providers during previous FFY. The amount paid during the previous FFY is the estimated cost avoidance amount for the FFY requested in this report | $ | 179,858.00 | No | NA | $ | - |

| | | | | | |
|---|---|---|---|---|---|
| NA | $ | - | No | NA | $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| NA | $ | - No | NA | $ | - |
| NA | $ | - No | NA | $ | - |
| NA | $ | - No | NA | $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| Report Not Received | Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| NA | $ - | No | NA | $ - |
| NA | $ - | No | NA | $ - |
| For each terminated provider, an average month of payments and, if applicable, ordered services is calculated and then multiplied by twelve to derive a year's cost avoidance. | $ 12,032,586.02 | No | NA | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |

OHCA began tracking cost avoidance for Program Integrity Audits completed in the quarter of July 2010 to September 2010. Actual audit periods vary, so each audit is examined on an individual basis to see if Costs can be avoided. Once it is determined the audit resulted in avoided costs (policy change, change in payment system, system edit, terminated provider, provider notification, self reported error), the avoided costs are annualized and then recognized for a year after the triggering event (policy change, change in payment system, system edit, provider term, provider notification, self-reported error.) For FFY2010, there were no cost avoidance dollars from terminated providers.

| | | | | |
|---|---|---|---|---|
| | $ - | No | NA | $ - |
| NA | $ - | No | NA | $ - |

| | | | | | | |
|---|---|---|---|---|---|---|
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |
| NA | $ | - | No | NA | $ | - |

No

a. The dollar amount reported for cost avoidance (during this reporting period) was based on the overpayment determined by an investigation, review or audit of a provider (as opposed to total provider billings) and the number of months in the resulting exclusion period, as such exclusion periods are specified by statute or policy.  $  55,399,287.00  No  NA  $  -

NA  $  -  No  NA  $  -

$ identified calculated over a 1 year time frame using past claims history  $  -  Yes  $ identified calculated over a 1 year time frame using past claims history  $  -

| | | | | | |
|---|---|---|---|---|---|
| NA | $ | - | No | NA | $ - |
| To calculate cost avoidance, the last 12 months of payment activity is used to calculate a monthly average. That average is multiplied x 12, and the resulting amount is added to cost avoidance figures every month for 12 months. | $ | 397,657.00 | No | NA | $ - |
| NA | $ | - | No | NA | $ - |
| NA | $ | - | No | NA | $ - |

NA          $          -   No          NA          $          -

| States calculate cost avoidance dollars due to changes in payment systems | Describe methodology for calculating cost avoidance, including data sources used - Payment system changes | Cost avoidance dollars due to changes in payment systems | State factors cost avoidance from payment system changes into its budget | State measures cost avoidance dollars due to policy changes |
|---|---|---|---|---|
| Q50 | Q50a | Q50b | Q50c | Q51 |
| No | NA | $ - | NA | Yes |
| No | NA | $ - | NA | No |
| No | NA | $ - | NA | No |
| No | NA | $ - | NA | No |

| | | | | |
|---|---|---|---|---|
| No | NA | $ - | NA | No |
| No | NA | $ - | NA | Yes |
| No | NA | $ - | NA | No |
| No | NA | $ - | NA | No |

| | | | | | |
|---|---|---|---|---|---|
| No | NA | $ | - | NA | Yes |
| No | NA | $ | - | NA | Yes |
| Report Not Received | Report Not Received | Report Not Received | | Report Not Received | Report Not Received |
| No | NA | $ | - | NA | No |
| No | NA | $ | - | NA | Yes |

| | | | | |
|---|---|---|---|---|
| Yes | Cost savings are based on the value of all rejected prescriptions due to the Refill Too Soon edits during FFY08. Data source is the mainframe MMIS databases. Note: Refill Too Soon is the only policy change that we cost avoid; other policy changes have not been quantified. | $ 103,773,756.00 | No | No |
| No | NA | $ - | NA | No |

| | | | | |
|---|---|---|---|---|
| Yes | Same as 48(a) | $ 1,771,431.00 | Yes | Yes |
| No | NA | $ - | NA | Yes |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| No | NA | | $ - | NA | No |
| No | NA | | $ - | NA | No |

| | | | | | |
|---|---|---|---|---|---|
| No | NA | $ | - | NA | No |
| No | NA | $ | - | NA | No |
| Yes | Cost avoidance dollars are calculated based on Medicaid expenditures and what Medicaid would have paid if the other insurance wasnÂ¿t in place. There are 3 types of cost avoidance calculation used.Â¿ TPL/Claims Coordination Â¿ Based on TPL editing being present during claims processing, including denials of services covered by other insurance and repricing Â¿ TPL/Medicare Coverage Â¿ Based on the identification of Medicare coverage including QMB beneficiaries.Â¿ TPL/Commercial Coverage Â¿ The identification of commercial insurance coverage for MassHealth members The data sources utilized to calculate cost avoidance is MMIS and POPS In addition to the TPL related activity there is also cost avoidance calculations for the Financial Compliance program. This is based on nursing home audits that result in a rate savings from the nursing home prospective rate.*TPL/Claims Coordination: $194M - *TPL/Medicare Coverage: $2.2B - *TPL/Commercial Coverage: $484M - *Financial Compliance $22M | $ | 2,900,000,000.00 | Yes | No |
| NR | NR | $ | - | NR | NR |

| | | | | | |
|---|---|---|---|---|---|
| No | NA | | $ - | NA | No |
| No | NA | | $ - | NA | Yes |
| No | NA | | $ - | NA | No |

| | | | | | |
|---|---|---|---|---|---|
| No | NA | $ | - | NA | No |
| No | NA | $ | - | NA | No |
| No | NA | $ | - | NA | No |

# FY 2010 State Program Integrity Assessment Dataset

| Report Not Received | Report Not Received | | Report Not Received | | Report Not Received | Report Not Received |
|---|---|---|---|---|---|---|
| No | NA | | $ | - NA | | No |
| No | NA | | $ | - NA | | No |
| No | NA | | $ | - NA | | No |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Yes | All impacts are based upon historical claims data from the State's Fiscal Agent. Inflation/deflation factors are applied to utilization, consumption, and recipient growth as needed when calculating the impacts. The General Assembly imposed rate reductions, which resulted in the cost avoidance listed below. | $ | 85,560,198.00 | Yes | Yes |
| Yes | We do run "what if" scenarious for budget changes, payment system changes, etc. | $ | - | No | Yes |
| No | NA | $ | - | NA | No |

| | | | |
|---|---|---|---|
| Yes | OHCA began tracking cost avoidance for Program Integrity Audits completed in the quarter of July 2010 to September 2010. Actual audit periods vary, so each audit is examined on an individual basis to see if Costs can be avoided. Once it is determined the audit resulted in avoided costs (policy change, change in payment system, system edit, terminated provider, provider notification, self reported error), the avoided costs are annualized and then recognized for a year after the triggering event (policy change, change in payment system, system edit, provider term, provider notification, self-reported error.) For FFY2010, there was $121,735.33 in avoided costs from changes in payment systems. | $ 121,735.33  No | Yes |
| No | NA | $ -  NA | No |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Yes | New Restrictions = $1000 cost savings per recipient per month. Total new restrictions x 1000 = New Restrictions Value.Ongoing Restrictions = Total # of restricted recipients with open MA eligibility x $1000 per month per recipient.Total Â¿ New Restrictions + Ongoing Restrictions = Total Cost Avoidance per monthData Sources Â¿ FADS, PROMISe, and eCIS | $ | - | Yes | Yes |
| Yes | Claims history from MMIS | $ | - | No | Yes |
| No | NA | $ | - | NA | No |
| Yes | Medicaid Director requests payment history to calculate savings due to recommended budget revisions, and the savings associated with the changes. | $ | - | Yes | Yes |

| | | | | | |
|---|---|---|---|---|---|
| No | | | | | No |
| No | NA | | $ | - NA | No |
| No | NA | | $ | - NA | No |
| NR | NR | | NR | NR | Yes |

| | | | | |
|---|---|---|---|---|
| No | NA | $ - | NA | No |
| Yes | To calculate cost avoidance, OPI takes the average overpayment paid to providers in the past (which we know from post payment analysis/algorithms) and extrapolates that amount out over a conservative 12 months. For example, if a cost avoidance algorithm is run on 36 months of data, we take the total overpayments found ($121,475) divide it by the 36 months ($3,374.30). We would then count the $3,374.30 cost avoidance for the next 12 months which would equal $40,491.66 in savings. | $ 329,859.00 | No | Yes |
| No | NA | $ - | NA | No |
| No | NA | $ - | NA | No |

No          NA                                          $              -   NA                        No

| Methodology for calculating cost avoidance, including data sources used - Policy changes | Cost avoidance dollars due to changes in policies | State factors cost avoidance from policy changes into its budget |
|---|---|---|
| Q51a | Q51b | Q51c |
| Cost avoidance is calculated based on the procedures, drugs, supplies, or equipment denied through the prior authorization process. | $ - | Yes |
| NA | $ - | NA |
| NA | $ - | NA |
| NA | $ - | NA |

NA                                                                                      $                -    NA


While it is not always possible to measure cost avoidance after a policy has been
implemented, the Department does estimate the fiscal impact of policy changes
that are expected to result in cost avoidance prior to implementing the policy.
When possible, the Department will estimate cost avoidance once the policy has
been implemented to determine if the realized fiscal impact is in line with
original estimates. The methodology for calculating cost avoidance will vary
depending on the policy impact being measured. Generally, the Department will
compare costs after the policy has been implemented to an estimate of what costs
would have been absent the policy change. As the methodology varies, so will
the data source. Almost always, the analysis includes claims data. Additional
data sources may include data from other state Medicaid agencies, CMS, or
independent studies.                                                                    $      110,000,000.00   Yes


NA                                                                                      $                -    NA


NA                                                                                      $                -    NA

Supplemental drug rebates, use of preferred drug list                    $              2,135,374.00  Yes

Depending on the policy, an algorithm is written to examine the impact of the
new policy. The algorithm typically compairs expenditures prior to and
following the policy change.                                              $                    -  No

Report Not Received                              Report Not Received       Report Not Received

NA                                                                       $                    -  NA

If change is made as a result of a Medicaid Program Integrity Unit
recommendation, methodology is the same as described in # 48.            $                    -  No

NA                                                    $            -   NA

NA                                                    $            -   NA

Same as 48(a)                                              $        2,314,736.00   Yes

Cost avoidance is calculated by analyzing prior years data and trends from
claims data contained in MMIS.                            $                -   Yes

# FY 2010 State Program Integrity Assessment Dataset

NA                                          $              -   NA

NA                                          $              -   NA

# FY 2010 State Program Integrity Assessment Dataset

NA                                                $                -   NA

NA                                                $                -   NA

NA                                                $                -   NA

NR                                                $                -   NR

NA                                                                                  $                    -   NA


Create a report using JSURS to review Medicaid payments to providers before
and after policy changes. The amount paid to providers in the FFY after policy
changes minus the amount paid to providers in the FFY before policy changes is
the estimated cost avoidance amount.                                                $          6,571,199.00   Yes


NA                                                                                  $                    -   NA

# FY 2010 State Program Integrity Assessment Dataset

NA                                        $            -   NA

NA                                        $            -   NA

NA                                        $            -   NA

# FY 2010 State Program Integrity Assessment Dataset

Report Not Received

Report Not Received    Report Not Received

NA    $               -    NA

NA    $               -    NA

NA    $               -    NA

Dollar paid difference in the actual paid claims before and after policy changes and before and after edits were put into effect.

$ 3,324,607.78  No

We do run "what if" scenarious for budget changes, payment system changes, etc.

$              -  No

NA

$              -  NA

OHCA began tracking cost avoidance for Program Integrity Audits completed in the quarter of July 2010 to September 2010. Actual audit periods vary, so each audit is examined on an individual basis to see if Costs can be avoided. Once it is determined the audit resulted in avoided costs (policy change, change in payment system, system edit, terminated provider, provider notification, self reported error), the avoided costs are annualized and then recognized for a year after the triggering event (policy change, change in payment system, system edit, provider term, provider notification, self-reported error.) For FFY2010, there were no cost avoidance dollars from policy changes.                    $            -   No

NA                                                                          $            -   NA

New Restrictions = $1000 cost savings per recipient per month. Total new restrictions x 1000 = New Restrictions Value.Ongoing Restrictions = Total # of restricted recipients with open MA eligibility x $1000 per month per recipient.Total Â¿ New Restrictions + Ongoing Restrictions = Total Cost Avoidance per monthData Sources Â¿ FADS, PROMISe, and eCIS                $        -   Yes

Claims history from MMIS                                                              $        -   No

NA                                                                                                  $        -   NA

Budget impact only. MMIS claims history.                                $        -   Yes

NA                                                                                    $                    -   NA

NA                                                                                    $                    -   NA

Identify the payment change amount and calculate 1 year using past claims
history using MMIS                                                                    $          1,008,051.02  No

NA                                                              $              -   NA

If data mining or audit activities result in the discovery of policy issues that need
to be addressed, cost avoidance would be calculated for that particular policy
issue.                                                          $              -   No

NA                                                              $              -   NA

NA                                                              $              -   NA

NA                                    $              -   NA

# FY 2010 State Program Integrity Assessment Dataset

| Other administrative actions for which the State calculates cost avoidance | Total recoveries ($) from data mining activities | Total recoveries from provider audits - Desk Audits | Total recoveries from provider audits - Field Audits |
|---|---|---|---|
| Q52 | Q53 | Q54Desk | Q54Field |
| Third Party Liability cost avoidance and Home and Community Based Waiver cost avoidance (what we saved by keeping an individual at home rather than placing in an institution). | $ 1,161,098.00 | $ 1,161,098.00 | $ - |
| NA | $ - | $ - | $ - |
| Changes in billing practices for providers committing fraud. | $ - | $ 6,788,060.32 | $ - |
| cost avoidance is calculated based on questioned cost of all audits | $ - | $ - | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| Post Service Prepayment Audit (PPM) | $ | 100,784,290.02 | $ | - $ | 100,784,290.02 |
| Health Insurance Buy-In Program (HIBI): The Medicaid program purchases the premiums for private health insurance for individuals eligible for Medicaid if it is cost effective. This program generated $2,054,613 in cost avoidance from July 2010 to June 2011. Supplemental Medicare Insurance Benefit (SMIB):Under this program, the Department pays Medicare premiums for dually eligible clients. The Department scores health care expenditure reimbursed by Medicare for these clients as cost avoidance. From July 2010 to June 2011, approximately $347,110,783 in cost avoidance occurred under the SMIB program.Program Integrity Cost Avoidance for Physical Therapy, Occupational Therapy and Speech Therapy: ST/PT/OT were set up in MMIS to allow billing E/M codes. These provider types do not perform complex medical exams nor medical decision making based on multiple bodily system assessment. The procedure code file was amended to exclude PT/OT/ST from billing E/M codes. | $ | 2,869.98 | $ | 6,058,449.11 $ | - |
| None | $ | 53,430.00 | $ | 53,430.00 $ | 7,825,420.00 |
| None | $ | 1,285,192.00 | $ | 1,503,804.48 $ | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| None | $ 5,582,243.56 | $ 709,104.00 | $ 2,167,234.77 |
| Site visits, terminations, focused projects and prepayment reviews | $ 36,400,379.54 | $ - | $ - |
| Report Not Received | Report Not Received | Report Not Received | Report Not Received |
| NA | $ - | $ 1,873.00 | $ - |
| Cost avoidance is calculated on providers who correct their billing practices and reduce their payments as a result. | $ 367,282.21 | $ 494,047.06 | $ 2,293,762.22 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| N/A | $ | 4,065,427.78 | $ | 210,275.49 | $ | 8,615,704.07 |
| Prepayment Review, HMS Concurrent Audits, and TPL | $ | 14,711,684.00 | $ | 128,235.00 | $ | 2,632,240.00 |

| | | | |
|---|---|---|---|
| None | $ 833,764.00 | $ 461,260.00 | $ 41,727.00 |
| PDL, Drug rebates | $ - | $ 17,252,781.00 | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| TPL | $ | 174,667.60 | $ | 1,576,987.06 | $ | 371,770.64 |
| None | $ | 2,875,325.55 | $ | 4,557,831.12 | $ | - |

## FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| None | $ - | $ 13,326,905.06 | $ - |
| None | $ 8,997,297.00 | $ - | $ - |
| We calculate cost avoidance when we terminate members who are not residents; the majority are identified through the PARIS Match Process. We use PMPM (in FFY09, estimate $350 per month or $4,200 annually). | $ 5,086,381.00 | $ 1,000,000.00 | $ 10,600,000.00 |
| NR | $ 63,853.34 | $ 194,293.54 | 1,200,354.81 |

| | | | | | |
|---|---|---|---|---|---|
| NR | $ | 20,023,300.00 | $ | 821,700.00 | $ | 560,600.00 |
| NA | $ | 578,864.68 | $ | 270,560.80 | $ | - |
| PIU calculates cost avoidance on all provider case reviews in which overpayment sanctions are accessed as well as overpayments associated with the Date of Death Report. Cost avoidance is also calculated when a claim is denied or cutback due to a third party resource. | $ | 7,760,623.00 | $ | 2,815,969.00 | $ | 283,263.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| None | $ | 904,745.29 | $ | 772,006.86 | $ | - |
| none | $ | 165,772.24 | $ | 179,931.73 | $ | - |
| None | $ | 1,691,693.00 | $ | 1,815,152.60 | $ | 124,715.11 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Cost avoidance is determined by calculating potential overpayments, dollars not paid, for a specific period of time and extrapolating those savings to create an annualized fiscal year figure. The cost avoidance start date is determined by the date the provider actually ceases the aberrant behavior or when an edit, recommended by agency staff, is put into place, and then it is annualized for the remainder of the fiscal year. Cost avoidance is reported during the any fiscal year in which the agency continues to have an active and substantial role in maintaining the reduced expenditures. The Cost Avoidance Module calculates the elapsed days, the overpayments per day, and the annualized cumulative cost avoidance projections. | $ - | $ - | $ - |
| NA | $ 120,557.80 | $ 1,579,992.90 | $ - |
| Pre-payment reviews; recipient restrictions; Card Swipe/Post and Clear activities; Pre-payment insurance verification | $ 52,494,764.00 | $ 81,510,694.00 | $ 34,542,574.00 |

# FY 2010 State Program Integrity Assessment Dataset

Pre-payment Review resulted in $2,821,104 cost avoidance for non-compliant claims because the provider documentation did not support the services billed. This cost avoidance is calculated by the average amount that would have been paid to the providers if the claims would have been compliant.

$ 32,260.96 $ 24,336,675.41 $ -

None

$ 5,600.00 $ 15,730.64 $ -

Third-Party Liability Cost Avoidance, Prior Authorization

$ - $ 18,506,349.00 $ 496,829.00

| | | | |
|---|---|---|---|
| TPL | $ 14,459,737.03 | $ 3,731,511.41 | $ 472,153.41 |
| In 2010 the state continued to track the cost avoidance associated with managed care disenrollments when we add TPL to MMIS. We also centralized our Health Insurance Premium Payment Program (HIPP) which provides us greater cost savings and program accuracy, and tracking of the actual cost savings associated with each approved HIPP payment. | $ 2,012,242.01 | $ 2,012,242.01 | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| Cost Avoidance is calculated from any cost reduction opportunity that results from an intentional action, negotiation or intervention. This includes TPL, recipient restriction, system edits and audits , as well as software which provides second level editing prior to payment. | $ - | $ - | $ - |
| TPL & Pharmacy | $ 811,573.46 | $ - | $ - |
| Beneficiary pharmacy lock-in program | $ 1,176,295.00 | $ 1,212,649.00 | $ 976,839.00 |
| Premium Assistance Program, tips, fruad prevention for recipient | $ 1,345,629.00 | $ 1,147,338.00 | $ 26,393.00 |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| None | $ | 26,687,193.00 | $ 679,975.00 | $ 450,963.00 |
| TPL related cost avoidance | $ | 6,565,485.66 | $ 703,222.00 | $ 68,222,177.00 |
| None | $ | - | $ 175,674.00 | $ - |
| Lock-in, Transportation, Personal Care Services | $ | 8,871.26 | $ 2,284,832.59 | $ - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | |
|---|---|---|---|
| None | $ - | $ 29,320,465.00 | $ - |
| Hospital readmission claims denied during pre-pay reviews. | $ 16,306,582.00 | $ - | $ - |
| NA | $ 955,176.82 | $ 955,176.82 | $ - |
| None | $ 2,338,175.17 | $ 3,363,238.77 | $ 415,752.76 |

FY 2010 State Program Integrity Assessment Dataset

NA                                                    $              720.50  $         381,656.74  $                    -

| Total recoveries from provider audits - Provider self-audits | Total recoveries from provider audits - Combo Desk/Field Audits | Total recoveries from provider audits - Cost Report | Total recoveries ($) from provider audits | Total dollars recovered from ALL Medicaid Integrity activities | Technical Assistance Needs - 1 |
|---|---|---|---|---|---|
| Q54Self | Q54Combo | Q54CostReport | Q54Total | Q55 | Q56-TA1 |
| $ 593,742.00 | $ - | $ 2,361,898.00 | $ 4,116,738.00 | $ 34,559,291.00 | |
| $ 480,901.00 | $ 887,931.00 | $ - | $ 1,368,832.00 | $ 4,869,957.00 | We would like assistance in the use of the new MCSIS exclusion database. We have not been able to effectivley utilize this system to date. |
| $ - | $ - | $ - | $ 6,788,060.32 | $ 9,292,015.12 | MS Office 2007 |
| $ - | $ - | $ - | $ - | $ - | - |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ - | $ - | $ - | $ 100,784,290.02 | $ 100,784,290.02 | The Drug Medi-Cal Program is transitioning to DHCS effective July 1, 2012. ADP would like to be included in any Technical Needs Assistance provided to DHCS by CMS. |
| $ 287,268.54 | $ - | $ - | $ 6,345,717.65 | $ 165,246,511.39 | Provide a cumulative repository of successful data mining algorithms. |
| $ - | $ - | $ 6,327,119.00 | $ 14,205,969.00 | $ 28,626,979.82 | Pass federal legislation requiring sampling and extrapolation |
| $ - | $ - | $ - | $ 1,503,804.48 | $ 1,676,427.13 | Sharing fraud and abuse trends from State to State |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ 13,432.53 | $ - | $ 3,770,931.00 | $ 6,660,702.30 | $ 17,509,716.45 | Training on how State implements some of CMS' rules and regulations - Ex. implementation of some of the ACA rules |
| $ 9,751,044.69 | $ 26,649,334.55 | $ 8,258,663.73 | $ 44,659,042.97 | $ 91,400,000.00 | Creation of a more user-friendly data collection tool |
| Report Not Received | Report Not Received | Report Not Received | $ - | $ - | Report Not Received |
| $ - | $ - | $ 239,575.00 | $ 241,448.00 | $ 73,590,530.00 | |
| $ 4,653.50 | $ - | $ - | $ 2,792,462.78 | $ 3,400,033.64 | National process to report outstanding debts |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| $ | 88,358.27 | $ | - | $ | - | $ | 8,914,337.83 | $ | 45,430,093.71 | Suggest that CMS provide states with a quarterly update on MIC Audits. This would keep states in loop on whatÂ¿s going on in other states and allow states to better partner with CMS and sister states. |
| $ | 56.00 | $ | 4,490,064.00 | $ | - | $ | 7,250,595.00 | $ | 73,370,642.00 | More effective methods for investigating PARIS data matches |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ | 85,844.00 | $ - | $ - | $ 588,831.00 | $ 6,512,490.00 | Review work overlaps, including State program integrity efforts, MIC audits, RAC audits, etal. |
| $ | - | $ - | $ 531,934.00 | $ 17,784,715.00 | $ 52,026,649.00 | Best Practices for determining Return on Investment and Cost Avoidance |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ - | $ 99,990.30 | $ - | $ 2,048,748.00 | $ 17,882,667.11 | Algorithm Development and Extrapolation Methods |
| $ - | $ - | $ - | $ 4,557,831.12 | $ 4,557,831.12 | Continue MII Training |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ - | $ - | $ 14,755,121.00 | $ 28,082,026.06 | $ 28,082,026.06 | |
| $ - | $ 6,899,483.00 | $ - | $ 6,899,483.00 | $ 23,777,743.00 | Funds for coding changes from ICD-9 to ICD-10. |
| $ - | $ 12,228,036.00 | $ - | $ 17,228,036.00 | $ 46,512,000.00 | Provide benchmarking to states on finding trends on fraud, waste and abuse to allow for individual state benchmarking and reporting; provide tools for reporting to improve information for strategic planning. |
| $ 154,599.00 | $ 214,649.95 | $ - | $ 1,763,897.30 | $ 30,855,207.30 | |

| | | | | |
|---|---|---|---|---|
| $ - | $ 19,979,300.00 | $ 44,000.00 | $ 21,405,600.00 | $ 28,893,300.00 3) Additional funds to investigate and prosecute fraud |
| $ 103,088.64 | $ 288,037.09 | $ - | $ 661,686.53 | $ 13,937,867.79 Allow more staff to attend training |
| $ 2,566,024.00 | $ - | $ - | $ 5,665,256.00 | $ 61,058,213.00 SPIA Reporting for FFY2011 will reflect a significant change in recoveries reported. Cost Recovery/TPL unit will not be reported with Missouri Medicaid Audit and Compliance (MMAC) formerly known as Program Integrity. The MMAC unit now has a separate reporting structure under the single state agency. |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| $ 132,738.43 | $ - | $ - | $ 904,745.29 | $ - Grandfathering requirements of "credible allegation of fraud" |
| $ 440,227.34 | $ - | $ - | $ 620,159.07 | $ 25,318,022.46 Provide more timely responses to questions and requests for technical assistance from CMS. |
| $ - | $ 53,630.00 | $ - | $ 1,993,497.71 | $ 3,841,017.71 State by state comparison of program integrity policies and procedures for provider enrollment, SURs, audits and investigations with contact information, including website specifics. |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| Report Not Received | Report Not Received | Report Not Received | $ - | $ - | Report Not Received | |
| $ - | $ - | $ - | $ - | $ 88,000,000.00 | Assistance with on-site inspections of out of state providers applying for NJ Medicaid provider ID numbers |
| $ 704,410.16 | $ - | $ - | $ 2,284,403.06 | $ 3,168,477.03 | Reporting overpayments, fraud and abuse with an "at risk" MCO contract |
| $ 12,150,087.00 | $ 2,447,208.00 | $ 22,761,986.00 | $ 153,412,549.00 | $ 410,756,526.00 | OMIG seeks advice regarding the withholding of Medicare payments in order to recover Medicaid payments, consistent with 42 CFR 405.377 and 42 CFR 447.31. |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| $ 329,598.07 | $ - | $ 19,735,937.00 | $ 44,402,210.48 | $ 150,577,541.70 A more user friendly SPIA Data Collection Tool which includes a working version that allows for data entry. |
| $ - | $ 29,706.54 | $ 3,684,629.00 | $ 3,730,066.18 | $ 4,244,923.44 Share best practices from other state PI Departments |
| $ 2,353,481.00 | $ 30,261,457.00 | $ - | $ 51,618,116.00 | $ 51,618,117.00 Access to Medical Technical Advisors |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | |
|---|---|---|---|---|
| $ 138,835.84 | $ - | $ - | $ 4,342,500.66 | $ 38,180,875.94 It would be nicw to have a data collection instrument where we can enter the data as we get it, and not have to go through each page step by step to enter the data. |
| $ 1,307,584.72 | $ - | $ 1,284,027.00 | $ 4,603,853.73 | $ 18,326,002.73 3) Website to verify Medicare enrollment & status |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| | | | | | 3 - Managed Care Oversight 4 - |
| $ - | $ - | $ - | $ - | $ 64,185,622.29 | Measurement of cost avoidance |
| $ - | $ 811,573.46 | $ - | $ 811,573.46 | $ 3,461,897.41 | |
| $ 2,308,650.00 | $ - | $ - | $ 4,498,138.00 | $ 23,084,712.00 | Calculating cost avoidance |
| $ 581,275.00 | $ 107,897.00 | $ 6,940,854.00 | $ 8,803,757.00 | $ 12,566,768.00 | |

# FY 2010 State Program Integrity Assessment Dataset

| | | | | | | |
|---|---|---|---|---|---|---|
| | $ | 1,278,214.00 | | $ | 2,409,152.00 | $ 61,648,026.00 facilitate the states with verification of excluded providers |
| $ | - | $ 52,177,388.12 | $ 124,338.16 | $ 121,227,125.28 | $ 441,926,421.20 | |
| $ | - | $ 3,030,141.35 | $ 728,669.00 | $ 3,934,484.35 | $ 5,416,182.65 | SSN administration and Death records |
| $ | - | $ 39,079.08 | $ - | $ 2,323,911.67 | $ 2,328,317.89 | ACA guidelines & ongoing implementation, interpretation & monitoring |

FY 2010 State Program Integrity Assessment Dataset

| | | | | | |
|---|---|---|---|---|---|
| $ | - | $ | - | $ | 31,762,946.00 | $ | 61,083,411.00 | $ | 75,576,661.00 | |

| | | | | | |
|---|---|---|---|---|---|
| $ | - | $ | 7,301,163.00 | $ | - | $ | 7,301,163.00 | $ | 23,654,536.00 | 3) Please suggest best practices from other states or from CMS that will help HCA improve any areas of weakness. |

| | | | | | |
|---|---|---|---|---|---|
| $ | - | $ | - | $ | - | $ | 955,176.82 | $ | 955,176.82 | RAC Best practices |

| | | | | | |
|---|---|---|---|---|---|
| $ | 43,969.00 | $ | - | $ | 436,091.78 | $ | 4,259,052.31 | $ | 26,152,719.02 | Establishing a database of terminated providers |

| | | | | |
|---|---|---|---|---|
| $ 13,872.83 | $ - | $ - | $ 395,529.57 | $ 914,774.76 |

| Technical Assistance Needs - 2 | Technical Assistance Needs - 3 |
|---|---|
| Q56-TA2 | Q56-TA3 |

An analyst unit to analyze data from our
new data mining system

The Department of Mental Health is also transitioning to DHCS and requests that CMS provide expanded resources to support increased DHCS staffing to conduct fraud & abuse investigation of Behavioral Health (mental health and alcohol/drug).

How to measure impact of the "sentinel" effect.

Methods for measuring cost avoidance from provider education.

Thanks for an electronic submission portal. It's great.

Medicaid Integrity Contractor Program should be terminated

Guidance on acquiring fraud and abuse detection tools

Developing review tools for various types of provider reviews

MII training on use of MIP algorithms

MII training on data mining

Assistance with auditing and recouping from managed care providers

Assistance with identifying excluded providers on the LEIE, EPLS, State Exclusions, NPDB, etc

Report Not Received

Report Not Received

Report Not Received

Training in hospital audits

Continued CMS sponsored training for State program integrity staff

Suggest that CMS facilitate the states access to federal data files mandated in ACA, such files include: SSN, NPI, NPDB, HHS Exclusions, etc.

Suggest that the MII develop webinars and online courses on specific topics of interest and/or hot topics, such as data analysis techniques, potential fraud schemes or areas of abuse. This would allow auditors, investigators, data analysts etc to benefit from targeted training as needed and reduce their time spent traveling to the NAC.

It would be helpful to have larger "open-ended question" boxes for entering data like policy language.

# FY 2010 State Program Integrity Assessment Dataset

Appeals of provider payment suspensions due to credible allegations of fraud.

ACA requirements, in particular provider enrollment.

This entry system contains errors in its calculations fields and parts of the format are not very user-friendly. I've had to reenter my State's information, as the system rejected it.

Sample of Program Integrity Strategic Plans from other States

Implementation of Program Integrity Provisions of ACA

Strengthening oversight to MCO through robust contract language and penalties.

Cost Avoidance Calculations

I found an issue with the form, for item 6, Other Field, I could not get it to allow me to enter data. Additionally, the survey seems to take a while to repsond when entering numbers that are totaled such as in questions 34, 35 and 54.

Financial support to access various databanks to enhance screening for potential provider fraud and abuse.

Equipment for enhanced data mining and decision support activities.

Continue comprehensive PI training at Medicaid Integrity Institute, especially on developing algorithms, conducting audits and investigation.

Develop methodologies to calculate cost avoidance for various Program Integrity activities, i.e., terminating providers and developing standard cost avoidance guidelines.

2) Keep up the training, possibly expanding the issues to include more topics

1) National data base for background checks

Questions 20 & 21 s/b eliminated. The space for a response is very limited, and how do you quantify these large responses with the other results.

Sharing alorithims

Data analysis with data mining

Notes for question #10 and question #26 returned an error when information was entered. notes for question #10: With the combination of SURS activities all pieces of the unit are combined together. There isn't a separation of audits to investigation to data mining, etc. It is all grouped together. Montana Medicaid divides its budget up into two categories: personal services (PS) and operating expenses (OE) with two funding buckets, general funds and federal funds. PS under general funds = $226,867.46, PS under federal funds = $265,055.35, total PS funds =$491,922.81; OE under general funds =$15,559.28, OE under federal funds =$34,131.25, total OE funds = $49,690.53. Grand total of both PS and OE funds = $541,613.34. Notes for question #26: Montana has an internet site where providers can obtain program policy manuals, publication notices with updates and changes to program policy, fee schedules, monthly Medicaid news publication and contacts for Medicaid program officers. In addition, there are trainings in both the spring and the fall in which our contractor provides over sight. The program officers as well as program integrity are given the opportunity to speak the providers and staff in attendance. These trainings are fee to the providers.

Implementation of the affordable care act

Coordination of all auditing MICS, RACS and DOJ

Review the fragmentation of activities and the overlap of audit cycles to allow for more comprehensive and robust review activities.

Share all states' best practices regarding a) the comprehensive documentation of edit and error resolution instructions and b) utilizing data and decision support systems to manage the program in a proactive manner.

Best practices from other states related to extrapolation and cost avoidance, including specific policies, procedures and processes.

Report Not Received          Report Not Received                    Report Not Received

NJ MI would like to learn more about
other state's best practices and
successful investigations.

Reporting ROI to CMS          Reporting Cost Avoidance to CMS

OMIG would like greater access to all
Medicare Data - Parts A, B, and D -
similar to the accessibility that is granted
to federal oversight entities, like the U.S.
Department of Justice.

Assistance in creating a PI Manual          Opportunities for TPL training

Access to Statistician

2) Nationally standardized enrollment & revalidation forms or website

1) Assistance with sanctions or other support for Third Party Payers who are not compliant with Coordination of Benefit requirements

This portal is very un-user friendly. I had to re-input data several times due to system locking me out in the middle of entering data.

2 - Disclosure and reporting          1 - Provider Enrollment

Managed care oversight          Exclusions

The application used to collect this data is terrible. We welcome the chance to provide information about PI activities and outcomes, and spent a lot of time collecting the data. But what is really frustrating is the time needed to enter it in the SPIA system.

| | |
|---|---|
| facilitate the states with verification of provider disclosure/ownership/control information | identifying best practices in PI related policy and procedures; data mining; law and regulations; provider enrollment, etc. |
| PECOS applied for access | Interpretation of program integrity regulations regarding Managed Care. They do not address all matters regarding Managed care. There is not agreement on how they should be applied. |
| Additional training & support around predictive modeling/analytics | MCSIS support & ongoing support until final tool is ready |

2) States certainly set their own goals and targets for their PI units each year. It would be helpful if CMS would also provide the state with 1 or 2 PI goals they would like to see all states work towards during a defined period so that a particular scheme doesnÂ¿t easily shift from state to state.

1) Enhanced federal matching rate for state PI activities (similar to MFCU).

Sharing audit ideas from other states

Criminal Background and Fingerprinting screening requirements

ACA guidance and/or best practices