Appendix B

SPIA Data Collection Instrument FFY 2007

Contact Information			
1	State:		
2	Name:		
3	Title		
4	Phone number:		
5	E-mail:		
	Prograr	n Characteristics	
6	Medicaid Enrollment:	Fee-for-service recipients:_	
		Managed care enrollees:	
		a) Fee-for-service:	
		b) Primary care case management:	
		Total:_	
7	Estimate of expendituresOrganizational structure for Medicaid Integrity activities (\$):within the State:		
8	Organizational structure for Medicaid Integrity activities within State: Activities that the State includes under the scope of Medicaid Integrity:	Distinct Program Integrity Model Audits Inspector General (IG) Model Investigations Hybrid Model SURS/Data Mining Provider Enrollment Provider Education/Communications Managed care oversight Other, please specify:	
9	Activities that the State includes	Audits	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-XXXX**. The time required to complete this information collection is estimated to average 25 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore,

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10	under the scope of Medicaid Integrity: Medicaid Integrity activities that the State contracts out: Estimate of expenditures for Medicaid Integrity activities that the State contracts out(\$) a) Audits: b) Investigations: c) SURS/Data Mining: d) Provider Enrollment: e) Provider Education/Communications: f) Managed care oversight: g) Other: h) Total:	Investigations SURS/Data Mining Provider Enrollment Provider Education/Communications Managed care oversight Other, please specify: —Audits —Investigations Provider Enrollment —Provider Education/Communications —Managed care oversight —Other, please specify: —Other, please spe	
	er of Managed Care- zations (MCOs) in State:	Dlanning	
Staffing		Planning	
12 <u>11</u>	Total number of FTEs by type of position (e.g., Auditor, SURS Analyst)(filled and vacant) for all functions considered to be Medicaid Integrity: (List each position type & corresponding # of FTEs)	(Position type)Audits: Filled: (Position type) Vacant: (Position type)Investigation: Filled:	

			(Position type): Vacant:	
			(Position type)SURS/Data Mining: Filled: Vacant:	
			Provider Enrollment Filled: Vacant:	
			Provider Education/Communications: Filled: Vacant:	
			Other: Filled: Vacant:	
ľ	T Resources			
1	.3 12	Inventory of IT resources used to conduct Medicaid Integrity	SURSI	
		activities: (check all that apply)	SURS II	
		(check all that apply)	Advanced SURS	
			RAMS II	
			PC-based SURS	
			CS-based SURS	
			Fraud and Abuse Detection System	
			Decision Support System	
			Ad-hoc reporting	
			Managed care encounter data system	
			Other, please specify:	
1	.4 Estimated ex	xpenditures (\$) for IT		
5	Strategic Plannin	q		
1	5 13	Does the State have a documented strategic plan to address Medicaid Integrity:	For its FFS program(s)? Yes No Briefly describe:	
			For its managed care program(s)?	
			Yes	
			No Briefly describe:	
1	.6 14	(If yes to Q15 Q13)		
		How frequently are updates made to the strategic plan?	For FFS program(s)? Quarterly Yearly Bi-annually Other, please specify:	

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		For managed care program(s)? Quarterly Yearly Bi-annually Other, please specify:
		Prevention
Provider Enrollm		
17 <u>15</u>	Total number of <u>participating</u> <u>Medicaid</u> providers:	
18 16	PercentageNumber of providers that applied for enrollment, but were denied: in Medicaid during FFY:	
19 17	Percentage of providers dis- enrolled involuntarily for reasons- related to billing or other- misconduct: Number of providers denied enrollment in Medicaid during FFY:	
2018	Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers: (check all that apply)	In-state licensing board Out-of 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 Choice Point or Lexis-Nexis reviews On-site visits Criminal background investigations Credentialing Payroll Tax Records Check if provider has another provider number under which the provider made inappropriate payments Other (please specify):
21 19	Does the State maintain its own list of providers who have been involuntarily dis-enrolled?	☐ Yes ☐ No
	(If yes to Q19) a) How is the list maintained?	Paper Web Other, please specify:
	b) Is the list available to the public?	Yes No

	(If yes to Q19b) Please provide web address for the list:	
22 20	Does the State have written policies giving direction to providers and managed care entities organizations on the types and frequency of screenings they should conduct on sub-entities? (e.g., owners, managing employees)?	Yes (If yes, provide applicable policy/contractual language): No
23 21	Does the State include language in its MCO contracts specifying Medicaid Integrity requirements?	Yes (If yes, provide applicable contractual language): No
Third Party Liabi	lity (TPL) Program	
24 22	Does the State include TPL as part	Yes
	of its Medicaid Integrity activities?	
		□ No
25 23	Does the State include TPL	Yes
	recoveries as part of its Medicaid	
	Integrity return-on-investment?	No
Prior Authorization		
26 24	Does the State include prior	Yes
	authorization as part of its Medicaid	
	Integrity activities?	No
27 25	Does the State include prior	L Yes
	authorization cost avoidance as	│
	part of its Medicaid Integrity return- on-investment?	│
Provider Educati		
2826	Mechanisms used to communicate	Fraud, waste, and abuse policy statements
20 <u>20</u>	to and educate providers about	Anti-fraud public service announcements
	Medicaid Integrity:	Speeches made by SMAState Medicaid Agency administrators
	(check all that apply)	or staff to stakeholder organizations about Medicaid fraud,
	T11-37	waste, and abuse.
		News releases from SMAState 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. Other (please describe):
		United (picase describe).

<u>Detection</u>		
29 27	Does the State have written policies regarding issues including, but not limited to:	How the State should investigate fraud, waste, & abuse? Yes No
		How to secure evidence in a legally admissible form? Yes No
		How and when to refer to the MFCU? Yes No
		How to initiate recovery action and evidence necessary to initiate recovery action? Yes No
		How to disseminate lessons learned from the case? Yes No
30 28	Data mining techniques used to detect Medicaid fraud, waste, & abuse or inappropriate payments: (List & describe) Data repository platform used for data mining:	<u>Mainframe</u>
		Internal/external relational database (e.g., Oracle)
(List		Vendor proprietary database Name:
		Mainframe data downloads to a personal computer (PC)
		Commercial/off-the-shelf PC product Name:
		Other (please describe): Name:
31 29	Overpayments (\$) identified	Algorithms
	through data mining- techniques: Data mining techniques used to detect Medicaid fraud, waste & abuse or inappropriate payments:	Sampling
		Statistical analysis
		Models
		Artificial intelligence/fuzzy logic
		Other (please describe):
32 30	Overpayments (\$) recovered	Mainframe queries
	through data mining techniques: Data mining analysis	SAS
	tools used to detect Medicaid fraud, waste & abuse or inappropriate	SQL query

	payments:	Vendor toolset Name: Commercial/off-the-shelf PC product Name: Other, please describe: Name:
33 31	Does the State typically extrapolate overpayments? Overpayments (\$) identified as a result of data mining activities: a) Percent of cases opened from overpayments identified as a result of data mining activities:	☐—Yes ☐—No ——
3432	Total number of provider audits conducted: (Does the State staff vs. Contractor staff)typically extrapolate overpayments?	Desk Audits State staff: Contractor staff: Field Audits State staff: Contractor staff: Provider self-audits State staff: Contractor staff: Combination desk/field audits State staff: Contractor staff: Cost report audits State staff: Contractor staff: Total State staff: Contractor staff: Yes
<u>3533</u>	Overpayments (\$) identified through Total number of provider audits: conducted: (State staff vs. Contractor staff)	Desk Audits: State staff: Field Audits: Contractor staff: Provider self-audits:Field Audits State staff: Combination desk/field audits: Contractor staff: Cost report audits:Provider self-audits State staff:

		Total: Contractor staff:	
		Combination desk/field audits State staff:	Contractor staff:
		Cost report audits State staff:	Contractor staff:
		Total State staff:	Contractor staff:
36 <u>34</u>	Overpayments (\$) recovered throughidentified as a result of provider audits:	Desk Audits: Field Audits:	
		Provider self-audits:	
		Combination desk/field audits:	
		Cost report audits:	
		Total:	
37[placeholder]	Mechanisms available to the public- for reporting cases of suspected- Medicaid fraud, waste, or- abuse:Overpayments identified through Medicaid Integrity Contractor (MIC) activities:	Telephone hotline Website Email address Mailing address Other, please specify:	
38 35	Total number of tips received from the public: Mechanisms available to the public for reporting cases of suspected Medicaid fraud, waste, or abuse:	Telephone hotline Website Email address Mailing address Other, please specify:	
39 36	Total number of tips from the public that resulted in a recovery or referral received:		
<u>37</u>	Total number of tips that resulted in a recovery or referral:		
	Investiga	tion and Recovery	
on determini	ate have written policiesing when providers ferred to the MFCU?	ily describe:	

41Referrals to L	aw Enforcement	
38	Number of casesDoes the State have written standard operating procedures (SOPs) for determining how and when providers should be referred to the MFCU: (per 42 CFR 355.13)?	Yes No If yes, briefly describe:
42 39	Does the State have formalized tracking systems that track the progress of Medicaid Integrity investigations?	Yes No If yes, briefly describe:
43 <u>40</u>	Does the State impose provider- sanctions? Does the State have a process to track the number of referrals sent to the MFCU?	Yes No
<u>4441</u>	(If yesDoes the State have a process to Q43) Number of providerstrack the date that the State suspended payment: Number of providers referredreferrals were sent to the State licensing board:MFCU? Number of providers involuntarily dis-enrolled: Number of provider sanctions referred to OIG:	Yes No
	Performan	ce Measures ¹
45 42	Does the State collect feedback from the MFCU to determine the number of accepted referrals?	Yes No
43	Estimated cost avoidance (\$) of providers suspended, terminated, and withdrew voluntarily or involuntarily from the program: Number of referrals accepted by the MFCU:	
46 <u>44</u>	Percentage of individuals or entities	

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¹ This preliminary set of proposed performance measures is based on analysis of the SPIA case study pilot data and feedbackfrom the Medicaid Integrity Program Advisory Committee. CMS is in the process of developing a standardized set of data elements, definitions, and specifications for the SPIA performances measures.

	applied for enrollment, but were		
	denied:Number of referrals made to the MFCU:		
	the Wir Co.		
47 Percentage identified over	of providers with		
	pensions & Sanctions		
45	Percentage of accepted referrals by	Yes	
	MFCUsDoes the State impose	No	
	provider payment suspensions due		
	to inappropriate or fraudulent		
	activities?		
	(If yes to Q45)		
	a) Number of providers that the		
	State suspended payment:		
	h) Number of navment		
	b) Number of payment suspensions:		
	заэрспоюто.		
49 46	Total dollars recovered or cost-	<u>Yes</u>	
	avoided through settlement or	No No	
	judgment.		
	Does the State impose provider sanctions due to inappropriate or		
	fraudulent activities?		
	indiddient douvillos.		
	(If yes to Q46)		
	a) Number of providers referred to		
	the State licensing board:		
	b) Number of providers involuntarily		
	dis-enrolled:		
	c) Number of provider sanctions		
	referred to OIG:		
	15151154 15 5151		
	nt of administrative ———		
	st FFS and managed rs (e.g., percentage of		
	spensions, referrals to		
	ards, involuntary dis-		
enrollment):	,		
51 Cost Avoidanc			
47	Cost avoidance dollars & dollars	Yes	
	recovered related to system or	No No	
	policy changes: Does the State calculate the dollars cost avoided		
	Salediate the deliars cost avoided		

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	from terminating providers?	
	(If yes to Q47) a) Describe methodology for calculating cost avoidance, including data sources used:	
	b) Cost avoidance dollars from terminated providers:	
52 48	ROI Measurement for all Medicaid integrity activities Does the State calculate the dollars cost avoided from providers that withdrew due to program integrity concerns:	Yes No
	(If yes to Q48) a) Describe methodology for calculating cost avoidance, including data sources used:	
	b) Cost avoidance dollars from terminated providers:	
49	Does the State calculate cost avoidance dollars due to changes in payment systems?	Yes No
	(If yes to Q49) a) Describe methodology for calculating cost avoidance, including data sources used:	
	b) Cost avoidance dollars due to changes in payment systems:	
	c) Does the State factor cost avoidance from payment system changes into its budget	Yes No
<u>50</u>	Does the State measure cost avoidance dollars due to policy changes?	Yes No
	(If yes to Q50) a) Describe methodology for calculating cost avoidance,	

	including data sources used:	
	b) Cost avoidance dollars due to changes in policies	
	c) Does the State factor cost avoidance from policy changes into its budget?	Yes No
<u>51</u>	List other administrative actions for which the State calculates cost avoidance:	
<u>Recoveries</u>		
<u>52</u>	Total recoveries (\$) from data mining activities:	
<u>53</u>	Total recoveries (\$) from provider audits:	
	a) Desk Audits:	
	b) Field Audits:	
	c) Provider self-audits:	
	d) Combination desk/field audits:	
	e) Cost report audits:	
	f) Total:	
<u>54</u>	Total dollars recovered from ALL Medicaid Integrity activities (e.g., settlements/judgments,	
	overpayments & other collections, MFCU investigations, other civil/criminal law enforcement, tips):	
	STATE OF THE PROPERTY OF THE P	Y .
	<u>Technical Assis</u>	tance Needs Assessment
<u>55</u>	Identify up to 3 areas that the State would like CMS to provide technical	1)
	assistance and support:	<u>2)</u>
		3)