

## Appendix B

### SPIA Data Collection Instrument FFY 2007

Contact Information		
1	State:	
2	Name:	
3	Title:	
4	Phone number:	
5	E-mail:	
Program Characteristics		
6	Medicaid Enrollment:	Fee-for-service recipients: Managed care enrollees a) Fee-for-service: b) Primary care case management: Total:
7	Organizational structure for Medicaid Integrity activities within the State:	<input type="checkbox"/> Distinct Program Integrity Model <input type="checkbox"/> Inspector General (IG) Model <input type="checkbox"/> Hybrid Model
8	Activities that the State includes under the scope of Medicaid Integrity:	<input type="checkbox"/> Audits <input type="checkbox"/> Investigations <input type="checkbox"/> SURS/Data Mining <input type="checkbox"/> Provider Enrollment <input type="checkbox"/> Provider Education/Communications <input type="checkbox"/> Managed care oversight <input type="checkbox"/> Other, please specify:
9	Medicaid Integrity activities that the State contracts out:	<input type="checkbox"/> 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, Maryland 21244-1850.

		<input type="checkbox"/> Investigations <input type="checkbox"/> SURS/Data Mining <input type="checkbox"/> Provider Enrollment <input type="checkbox"/> Provider Education/Communications <input type="checkbox"/> Managed care oversight <input type="checkbox"/> Other, please specify:
10	Estimate of expenditures for Medicaid Integrity activities (\$) a) Audits: b) Investigations: c) SURS/Data Mining: d) Provider Enrollment: e) Provider Education/Communications: f) Managed care oversight: g) Other: h) Total:	
<b>Planning</b>		
<b>Staffing</b>		
11	Total number of FTEs (filled and vacant) for all functions considered to be Medicaid Integrity:	<b>Audits:</b> Filled:                      Vacant: <b>Investigation:</b> Filled:                      Vacant: <b>SURS/Data Mining:</b> Filled:                      Vacant: <b>Provider Enrollment</b> Filled:                      Vacant: <b>Provider Education/Communications:</b> Filled:                      Vacant: <b>Other:</b> Filled:                      Vacant:
<b>IT Resources</b>		
12	Inventory of IT resources used to conduct Medicaid Integrity activities: (check all that apply)	<input type="checkbox"/> SURS I <input type="checkbox"/> SURS II <input type="checkbox"/> Advanced SURS

		<input type="checkbox"/> RAMS II <input type="checkbox"/> PC-based SURS <input type="checkbox"/> CS-based SURS <input type="checkbox"/> Fraud and Abuse Detection System <input type="checkbox"/> Decision Support System <input type="checkbox"/> Ad-hoc reporting <input type="checkbox"/> Managed care encounter data system <input type="checkbox"/> Other, please specify:
--	--	--

**Strategic Planning**

13	Does the State have a documented strategic plan to address Medicaid Integrity:	For its FFS program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly describe:  For its managed care program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly describe:
----	--	---

14	(If yes to Q13) How frequently are updates made to the strategic plan?	For FFS program(s)? <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Other, please specify:  For managed care program(s)? <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Other, please specify:
----	---	---

**Prevention**

**Provider Enrollment**

15	Total number of participating Medicaid providers:	
16	Number of providers applied for enrollment in Medicaid during FFY:	
17	Number of providers denied enrollment in Medicaid during FFY:	
18	Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider	<input type="checkbox"/> In-state licensing board <input type="checkbox"/> Out-of licensing board <input type="checkbox"/> HHS OIG's List of Excluded Individuals and Entities (LEIE) <input type="checkbox"/> GSA's Excluded Parties List System

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, Maryland 21244-1850.

	numbers: (check all that apply)	<input type="checkbox"/> National Practitioners Data Bank <input type="checkbox"/> Health Care Integrity Protection Data Bank <input type="checkbox"/> Choice Point or Lexis-Nexis reviews <input type="checkbox"/> On-site visits <input type="checkbox"/> Criminal background investigations <input type="checkbox"/> Credentialing <input type="checkbox"/> Payroll Tax Records <input type="checkbox"/> Check if provider has another provider number under which the provider made inappropriate payments <input type="checkbox"/> Other (please specify):
19	<p>Does the State maintain its own list of providers who have been involuntarily dis-enrolled?</p> <p>(If yes to Q19) a) How is the list maintained?</p> <p>b) Is the list available to the public?</p> <p>(If yes to Q19b) Please provide web address for the list:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Paper <input type="checkbox"/> Web <input type="checkbox"/> Other, please specify:  <input type="checkbox"/> Yes <input type="checkbox"/> No
20	Does the State have written policies giving direction to providers and managed care organizations on the types and frequency of screenings they should conduct on sub-entities (e.g., owners, managing employees)?	<input type="checkbox"/> Yes (If yes, provide applicable policy/contractual language):  <input type="checkbox"/> No
21	Does the State include language in its MCO contracts specifying Medicaid Integrity requirements?	<input type="checkbox"/> Yes (If yes, provide applicable contractual language):  <input type="checkbox"/> No
<b>Third Party Liability (TPL) Program</b>		
22	Does the State include TPL as part of its Medicaid Integrity activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	Does the State include TPL recoveries as part of its Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Integrity return-on-investment?	
<b>Prior Authorization</b>		
24	Does the State include prior authorization as part of its Medicaid Integrity activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25	Does the State include prior authorization cost avoidance as part of its Medicaid Integrity return-on-investment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Provider Education</b>		
26	Mechanisms used to communicate to and educate providers about Medicaid Integrity: (check all that apply)	<input type="checkbox"/> Fraud, waste, and abuse policy statements <input type="checkbox"/> Anti-fraud public service announcements <input type="checkbox"/> Speeches made by State Medicaid Agency administrators or staff to stakeholder organizations about Medicaid fraud, waste, and abuse. <input type="checkbox"/> News releases from State Medicaid Agency about managing Medicaid fraud, waste, and abuse <input type="checkbox"/> Publications related directly to concerns of Medicaid fraud, waste, and abuse. <input type="checkbox"/> Website dedicated to Medicaid Integrity regulations, policies, and procedures. <input type="checkbox"/> Other (please describe):
<b>Detection</b>		
27	Does the State have written policies regarding issues including, but not limited to:	<p>How the State should investigate fraud, waste, &amp; abuse?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>How to secure evidence in a legally admissible form?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>How to disseminate lessons learned from the case?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No
28	Data repository platform used for data mining:	<input type="checkbox"/> Mainframe <input type="checkbox"/> Internal/external relational database (e.g., Oracle) <input type="checkbox"/> Vendor proprietary database Name: <input type="checkbox"/> Mainframe data downloads to a personal computer (PC) <input type="checkbox"/> Commercial/off-the-shelf PC product Name: <input type="checkbox"/> Other (please describe): Name:
29	Data mining techniques used to detect Medicaid fraud, waste & abuse or inappropriate payments:	<input type="checkbox"/> Algorithms <input type="checkbox"/> Sampling

		<input type="checkbox"/> Statistical analysis <input type="checkbox"/> Models <input type="checkbox"/> Artificial intelligence/fuzzy logic <input type="checkbox"/> Other (please describe):
30	Data mining analysis tools used to detect Medicaid fraud, waste & abuse or inappropriate payments:	<input type="checkbox"/> Mainframe queries <input type="checkbox"/> SAS <input type="checkbox"/> SQL query <input type="checkbox"/> Vendor toolset Name: <input type="checkbox"/> Commercial/off-the-shelf PC product Name: <input type="checkbox"/> Other, please describe: Name:
31	Overpayments (\$) identified as a result of data mining activities:  a) Percent of cases opened from overpayments identified as a result of data mining activities:	
32	Does the State typically extrapolate overpayments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33	Total number of provider audits conducted: (State staff vs. Contractor staff)	<b>Desk Audits</b> State staff: Contractor staff:  <b>Field Audits</b> State staff: Contractor staff:  <b>Provider self-audits</b> State staff: Contractor staff:  <b>Combination desk/field audits</b> State staff: Contractor staff:  <b>Cost report audits</b> State staff: Contractor staff:  <b>Total</b> State staff: Contractor staff:
34	Overpayments (\$) identified as a	Desk Audits:

	result of provider audits:	Field Audits:  Provider self-audits:  Combination desk/field audits:  Cost report audits:  Total:
[placeholder]	Overpayments identified through Medicaid Integrity Contractor (MIC) activities:	
35	Mechanisms available to the public for reporting cases of suspected Medicaid fraud, waste, or abuse:	<input type="checkbox"/> Telephone hotline <input type="checkbox"/> Website <input type="checkbox"/> Email address <input type="checkbox"/> Mailing address <input type="checkbox"/> Other, please specify:
36	Total number of tips received:	
37	Total number of tips that resulted in a recovery or referral:	
<b>Investigation and Recovery</b>		
<b>Referrals to Law Enforcement</b>		
38	Does 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, briefly describe:
39	Does the State have tracking systems that track the progress of Medicaid Integrity investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40	Does the State have a process to track the number of referrals sent to the MFCU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Does the State have a process to track the date that referrals were sent to the MFCU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42	Does the State collect feedback	<input type="checkbox"/> Yes

	from the MFCU to determine the number of accepted referrals?	<input type="checkbox"/> No
43	Number of referrals accepted by the MFCU:	
44	Number of referrals made to the MFCU:	
<b>Provider Suspensions &amp; Sanctions</b>		
45	Does the State impose <u>provider payment suspensions</u> due to inappropriate or fraudulent activities?  (If yes to Q45) a) Number of providers that the State suspended payment:  b) Number of payment suspensions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
46	Does the State impose <u>provider sanctions</u> due to inappropriate or fraudulent activities?  (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:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cost Avoidance</b>		
47	Does the State calculate the dollars cost avoided from terminating providers?  (If yes to Q47) a) Describe methodology for calculating cost avoidance, including data sources used:	<input type="checkbox"/> Yes <input type="checkbox"/> No



	b) Cost avoidance dollars from terminated providers:	
48	<p>Does the State calculate the dollars cost avoided from providers that withdrew due to program integrity concerns:</p> <p>(If yes to Q48)</p> <p>a) Describe methodology for calculating cost avoidance, including data sources used:</p> <p>b) Cost avoidance dollars from terminated providers:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
49	<p>Does the State calculate cost avoidance dollars due to changes in payment systems?</p> <p>(If yes to Q49)</p> <p>a) Describe methodology for calculating cost avoidance, including data sources used:</p> <p>b) Cost avoidance dollars due to changes in payment systems:</p> <p>c) Does the State factor cost avoidance from payment system changes into its budget</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
50	<p>Does the State measure cost avoidance dollars due to policy changes?</p> <p>(If yes to Q50)</p> <p>a) Describe methodology for calculating cost avoidance, including data sources used:</p> <p>b) Cost avoidance dollars due to changes in policies</p> <p>c) Does the State factor cost avoidance from policy changes into its budget?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No
51	List other administrative actions for which the State calculates cost avoidance:	

Recoveries		
52	Total recoveries (\$) from data mining activities:	
53	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:	
54	Total dollars recovered from ALL Medicaid Integrity activities (e.g., settlements/judgments, overpayments & other collections, MFCU investigations, other civil/criminal law enforcement, tips):	
Technical Assistance Needs Assessment		
55	Identify up to 3 areas that the State would like CMS to provide technical assistance and support:	1) 2) 3)