

**U.S. DEPARTMENT OF HEALTH &
HUMAN SERVICES
CENTERS FOR MEDICARE &
MEDICAID SERVICES**

**SUPPORTING STATEMENT
for the
MEDICAID STATE PROGRAM INTEGRITY
ASSESSMENT (SPIA)**

July 2010

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A. BACKGROUND

Under the provisions of the Deficit Reduction Act (DRA) of 2005, Congress directed the Centers for Medicare & Medicaid Services (CMS) to establish the Medicaid Integrity Program (MIP), CMS' first national strategy to combat Medicaid fraud, waste, and abuse. The legislation provided needed resources to CMS for the prevention, earlier detection, and reduction of fraud, waste, and abuse in the Medicaid program.

Historically, ensuring the integrity of the Medicaid program was primarily the responsibility of the States. Within Federal guidelines, each State administers its own Medicaid program; sets its own eligibility standards; determines the type, amount, duration, and scope of services; and sets payment rates. States are also responsible for managing nearly all of the processes and systems to ensure program integrity (e.g., provider and beneficiary enrollment, claims processing and surveillance systems, and identifying and investigating aberrant patterns of behavior). In contrast, the federal government's role was one of providing guidance on federal rules and regulations, technical support and assistance, and oversight of States' program integrity activities. The MIP provides CMS with an opportunity to assume an enhanced leadership role in ensuring Medicaid program integrity and to more directly ensure the accuracy of Medicaid payments and promote the efficient administration of the program.

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

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

In order to fulfill the second of these requirements, CMS developed the Medicaid State Program Integrity Assessment (SPIA). Through SPIA, CMS collects data on State Medicaid program integrity activities, develops reports for each State based on these data, determines areas to provide States with technical support and assistance, and uses the data to develop measures to assess States' performance. This information includes data such as:

- Descriptive information that accurately depicts the critical issues related to assessing State's program integrity activities;
- States' Medicaid program integrity expenditures, overpayments, and recovery data; and
- States' accounting for Medicaid integrity return on investment (ROI).

CMS is requesting an extension of the approval from the Office of Management and Budget (OMB) to annually collect data on State Medicaid program integrity activities through SPIA.

A.1 SPIA Case Study Pilot

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

- Defining what CMS and States believe should be included under the umbrella of Medicaid PI;
- Surveying the landscape of State Medicaid program integrity practices to identify current PI activities and States' approaches to measuring return on investment;
- Examining all aspects of developing a State-level program integrity assessment system;
- Establishing a baseline of State program integrity activities to facilitate CMS' efforts to assess national PI effectiveness.

Nine States volunteered to participate in the SPIA case study: California, Florida, Louisiana, Maryland, Minnesota, Pennsylvania, Texas, Washington, and Wisconsin. CMS assured each State that participation in the project was solely a learning opportunity, not an evaluation of its individual performance. In addition, CMS established a Medicaid Integrity Program Advisory Committee comprised of State and Federal program integrity officials who provided extensive input and feedback on the proposed approach to SPIA.

The case study pilot involved three types of data collection:

- 1) **Administrative document review.** Review of documents such as annual reports, strategic plans, risk assessments, program guidance related to defining fraud, waste, and abuse, and State laws, rules, and regulations defining the scope of the State's program integrity programs;
- 2) **Web-based data collection survey.** A Web-based survey to collect baseline information on States' efforts to maintain control mechanisms designed to minimize inappropriate payments resulting from fraud, waste, and abuse in State Medicaid programs; and
- 3) **Site visit interviews.** Structured interviews with State Medicaid Agency (SMA) program administrators, managers and staff on various components of Medicaid integrity — planning, prevention, detection, and investigation and recovery.

The data from the administrative documents, Web survey, and site visit interviews were analyzed and synthesized to address common themes across the case study States. The information was then used to develop recommendations on what data should be collected on a national. See Appendix A for a detailed summary of the analysis from the SPIA case study pilot.

A.2 Developing a Framework for SPIA

In developing a framework for SPIA, CMS identified four major components to conceptualize States' efforts to assure the integrity of the Medicaid program:

- **Planning:** Activities undertaken to think strategically about Medicaid Integrity, including the size of the threat to the Medicaid program from fraud, waste, or abuse; identifying the program areas or provider types where the Medicaid program is most vulnerable to fraud, waste, or abuse; and deciding how to target program resources to these most vulnerable areas.
- **Prevention:** Activities used to minimize the risk of fraud, waste, or abuse entering the payment system and activities used to educate Medicaid program staff and providers.
- **Detection:** Activities aimed at (1) identifying overpayments and (2) identifying fraud cases for referral to law enforcement for investigation and prosecution.
- **Investigation and Recovery:** Activities that deal decisively with (1) recovering overpayment amounts administratively if the evidence is insufficient or inappropriate to support prosecution and (2) with referring suspected cases of fraud.

Using the conceptual framework, feedback from the MIP Advisory Committee, and public comments received from the initial Federal Register Notices, CMS modified the tools used in the case study pilot and developed a standardized data collection instrument to be used for the national SPIA data collection. See Appendix B for a copy of the SPIA data collection instrument.

CMS understands that before collecting these data on a national level, the definitions in the data collection instrument need to be clearly defined to ensure that States understand what information to collect and provide to CMS. To facilitate this, CMS developed a comprehensive glossary of terms and definitions to accompany the SPIA data collection instrument. See Appendix C for a copy of the glossary.

B. JUSTIFICATION

B.1 Need and Legal Basis

Under the provisions of the Deficit Reduction Act (DRA) of 2005, Congress directed CMS to establish the Medicaid Integrity Program (MIP). In doing so, it dramatically increased the resources available to CMS to combat fraud, waste and abuse in the Medicaid program. The legislation mandates two major operational requirements for the MIP:

- To use contractors to review provider activities, audit claims, identify overpayments, and conduct provider education; and
- To provide effective support and assistance to states in their efforts to combat provider fraud and abuse.

The DRA further requires that States “must comply with any requirements determined by the Secretary to be necessary for carrying out the Medicaid Integrity Program established under Section 1936 [of the Social Security Act].”

42 CFR Part 455 grants CMS the authority to execute oversight of States’ Medicaid fraud detection and investigation programs. In addition to oversight, CMS provides States with technical direction, guidance, tools, and resources to assist them in their efforts to protect the Medicaid program from fraud, waste, and abuse.

See Appendices D and E for applicable language from the DRA and 42 CFR part 455.

B.2 Information Users

CMS uses the information collected from States through SPIA to assist with its oversight of State Medicaid Integrity programs. The data also facilitates CMS’ ability to provide effective support and assistance to States, as required by the DRA. Specifically, CMS uses the data collected from SPIA to:

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

Further, States are able to use the information from SPIA to assist with process improvement activities and access data on other States’ Medicaid integrity programs.

B.3 Use of Information Technology

CMS developed a customized community on the Department of Health and Human Services (HHS) Portal to electronically collect the SPIA data from States. The portal provides a user-friendly, interactive mechanism to collect the data and communicate with the States. To facilitate the process, CMS requests that each State identify a designated SPIA State Liaison to coordinate the data collection activities with CMS. Each SPIA State Liaison is provided with a CMS-issued user name and password to access the portal to complete the data collection instrument. The portal also houses project-related information including a user guide and glossary; a calendar to identify and track project deadlines and milestones; a task list to manage the activities associated with the project; a discussion board to provide a forum for collaboration on the project; and other supporting documents for the project as needed.

B.4 Duplication of Efforts

This information collection does not duplicate any other effort and the information cannot be obtained from any other source. Current CMS reporting mechanisms (described below) do not collect information that is sufficient to assess State program integrity activities on a national level or ensure the effective use of Federal and State resources.

- **State Program Integrity Reviews.** As part of its oversight activities, CMS currently conducts on-site program integrity reviews with selected States each year. The general purposes of the reviews are to determine whether a State's program integrity policies and procedures comply with Federal statutory and regulatory requirements and to determine whether a State's program integrity function is effective at identifying, prosecuting and preventing Medicaid fraud and abuse. In addition, the reviews determine how States identify, receive and process information about potential fraud and abuse involving Medicaid providers. The intent of the reviews is to assess how a State carries out its fraud and abuse procedures and related processes and to propose enhancements for conducting these activities.
- **Quarterly financial reporting.** The financial information that CMS collects currently from States is limited to projected and actual expenditures that are submitted quarterly on CMS-37 and CMS-64 forms. These data are primarily used to determine and reconcile Federal matching payments to States.

SPIA represents the first CMS strategy to annually collect standardized, national data on State Medicaid program integrity efforts for the purposes of program evaluation and technical assistance support.

B.5 Impact on Small Businesses or Other Small Entities

This information collection does not impact small businesses or any other small entities. The information will be collected electronically, with minimal burden to the States.

B.6 Less Frequent Collection

In order to effectively monitor State program integrity efforts, CMS needs to receive standardized, up-to-date information from States. CMS requests this information annually and does not anticipate any significant burden to States.

B.7 Special Circumstances

There are no special circumstances associated with this information collection.

B.8 Federal Register Notice/Outside Consultation

The 60-day Federal Register Notice was published on 09/10/2010 (75 FR 55330). No comments were received.

CMS recognizes the need for a strong commitment to coordinate its activities with internal and external Medicaid program integrity partners and stakeholders. To this end, CMS established a national Medicaid Integrity Program Advisory Committee consisting of representatives from 16 States and federal stakeholders to provide feedback and input on the development and implementation of the SPIA. The Advisory Committee provided CMS with valuable feedback on its proposed protocol for the SPIA case study pilot and the national SPIA data collection. These efforts ensured the collection of only the most necessary and vital data.

B.9 Payments/Gifts to Respondents

Participation in this information collection is mandatory for States. No incentives or payments of any kind will be given to respondents.

B.10 Confidentiality

CMS will not collect personally-identifiable information through SPIA. Publicly reported data will be aggregated and will not identify any individual Medicaid provider, entity, or beneficiary.

B.11 Sensitive Questions

There are no questions of a sensitive nature associated with this information collection.

B.12 Burden Estimates (Hours & Wages)

Due to the variation in State Medicaid programs and organizational structures, CMS anticipates that, on average, three to five State staff may need to be consulted to answer various portions of the data collection instrument, each contributing an average of 5 hours to compile the data and enter the responses into the system. These staff may range from program integrity directors, management analysts, accountants/auditors, business operations specialists, and database administrators. Table B-1 provides an estimate of the average burden and costs to States for complying with the SPIA information collection request.

**Table B-1.
Average Respondent Burden per State**

Respondent	Estimated Average Hours of Burden¹	Hourly Mean Wage Estimate* per Respondent	Total Estimated Annual Cost
Manager	5	\$53.15	\$265.75
Analyst	5	\$40.70	\$203.50
Accountant/Auditor	5	\$31.71	\$158.55
Operations Specialist	5	\$32.42	\$162.10
Database Administrator	5	\$35.72	\$178.60
All	25	\$38.74	\$968.50

Total estimated average hour burden for one State: 25 hours

Total estimated average cost burden for one State: \$968.50

Total Aggregate Burden: 1,400 hours (56 x 25 hours = 1,400 hours)

Total Aggregate Cost Burden: \$54,236.00 (56 x \$968.50 = \$54,236.00)

*Based on the average mean hourly wage for the following State Government Standard Occupational Classification (SOC) codes: General and Operations Managers (111021), Management Analysts (131111), Accountants & Auditors (132011); Business Operations Specialists (131199), and Database Administrators (151061). U.S. Department of Labor, Bureau of Labor Statistics. Extracted June 29, 2010 from http://www.bls.gov/oes/2009/may/oes_nat.htm#11-0000.

B.13 Capital Costs

There are no capital costs to respondents or recordkeepers for this information collection.

¹ Estimates based on informal discussions with a sample of SPIA case study pilot representatives.

B.14 Cost to the Federal Government

There is no cost to the government for this information collection. SPIA will be developed, administered, and maintained by CMS.

B.15 Changes to Burden

There are no program or burden changes.

B.16 Publication/Tabulation Dates

Each fiscal year, CMS develops summary reports for each State from the data collected via SPIA. The reports are available on the CMS website. In addition to the State-level reports, CMS also publishes an Executive Summary and the complete dataset with the verbatim responses from each question.

Table B-2 provides a schedule of key activities and estimated timeframes.

**Table B-2.
SPIA Information Collection Schedule**

Activity	Estimated Timeframe
Data collection period	September 2011 – January 2012
Verify data with States	January 2012 – February 2012
Analyze data and develop reports	March 2012 – May 2012
Publish reports and data on CMS website	June 2012

CMS anticipates that the annual data collection cycle for SPIA will begin in September and end in June with the publishing of the reports and data.

B.17 Expiration Date

CMS does not oppose the display of the OMB approval expiration date.

B.18 Certification Statement

There are no exceptions to the certification statement for this information collection.

C. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS

The use of statistical methods does not apply to this information collection. The information will be collected from all 50 States, the District of Columbia, and five U.S. territories.