

# State Program Integrity Assessment (SPIA) Data Collection Instrument

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) Comprehensive managed care:  b) Primary care case management:  c) Other: Please describe:  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: (check all that apply)	<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: (check all that apply)	<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:
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10	Estimate of expenditures for Medicaid Integrity activities (\$) <ul style="list-style-type: none"> <li>a) Audits:</li> <li>b) Investigations:</li> <li>c) SURS/Data Mining:</li> <li>d) Provider Enrollment:</li> <li>e) Provider Education/Communications:</li> <li>f) Managed care oversight:</li> <li>g) Other:</li> <li>h) Total:</li> </ul>	
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**Planning**

**Staffing**

11	Total number of FTEs (filled and vacant) for all functions considered to be Medicaid Integrity:	<p><b>Audits:</b> Filled:                      Vacant:</p> <p><b>Investigation:</b> Filled:                      Vacant:</p> <p><b>SURS/Data Mining:</b> Filled:                      Vacant:</p> <p><b>Provider Enrollment</b> Filled:                      Vacant:</p> <p><b>Provider Education/Communications:</b> Filled:                      Vacant:</p> <p><b>Other:</b> Filled:                      Vacant:</p>
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IT Resources		
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 <input type="checkbox"/> Not applicable Briefly describe:  For its managed care program(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable 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: <input type="checkbox"/> Not applicable  For managed care program(s)? <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Bi-annually <input type="checkbox"/> Other, please specify: <input type="checkbox"/> Not applicable
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 numbers: (check all that apply)	<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 <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	Does the State maintain its own list of providers who have been involuntarily dis-enrolled?  (If yes to Q19) a) How is the list maintained?  b) Is the list available to the public?  (If yes to Q19b)  Please provide web address for the list:	<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"/> Not applicable  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
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 Integrity return-on-investment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<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:	How the State should investigate fraud, waste, & abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No  How to secure evidence in a legally admissible form? <input type="checkbox"/> Yes <input type="checkbox"/> No  How to disseminate lessons learned from the case? <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:	
32	Percent of cases opened from overpayments identified as a result of data mining activities:	
33	Does the State typically extrapolate overpayments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

34	Total number of provider audits conducted: (State staff vs. Contractor staff)	<p><b>Desk Audits</b> State staff: _____ Contractor staff: _____</p> <p><b>Field Audits</b> State staff: _____ Contractor staff: _____</p> <p><b>Provider self-audits</b> State staff: _____ Contractor staff: _____</p> <p><b>Combination desk/field audits</b> State staff: _____ Contractor staff: _____</p> <p><b>Cost report audits</b> State staff: _____ Contractor staff: _____</p> <p><b>Total</b> State staff: _____ Contractor staff: _____</p>
35	Overpayments (\$) identified as a result of provider audits:	<p>Desk Audits: _____</p> <p>Field Audits: _____</p> <p>Provider self-audits: _____</p> <p>Combination desk/field audits: _____</p> <p>Cost report audits: _____</p> <p>Total: _____</p>
36	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: _____
37	Total number of tips received:	
38	Total number of tips that resulted in a recovery or referral:	

## Investigation and Recovery

### Referrals to Law Enforcement

39	Does the State have written standard operating procedures (SOPs) for determining how and when providers should be referred to the MFCU (per 42 CFR 455.13)?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, briefly describe:
40	Does the State have tracking systems that track the progress of Medicaid Integrity investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41	Does the State have a process to track the number of referrals sent to the MFCU?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42	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
43	Does the State collect feedback from the MFCU to determine the number of accepted referrals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44	Number of referrals accepted by the MFCU:	
45	Number of referrals made to the MFCU:	

### Provider Suspensions & Sanctions

46	Does the State impose <u>provider payment suspensions</u> due to inappropriate or fraudulent activities?  (If yes to Q46) a) Number of providers that the State suspended payment:  b) Number of payment suspensions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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47	<p>Does the State impose <u>provider sanctions</u> due to inappropriate or fraudulent activities?</p> <p>(If yes to Q47)</p> <p>a) Number of providers referred to the State licensing board:</p> <p>b) Number of providers involuntarily dis-enrolled:</p> <p>c) Number of provider sanctions referred to OIG:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Cost Avoidance</b>		
48	<p>Does the State calculate the dollars cost avoided from terminating providers?</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 the dollars cost avoided from providers that withdrew due to program integrity concerns:</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 from terminated providers:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

50	<p>Does the State calculate cost avoidance dollars due to changes in payment systems?</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 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
51	<p>Does the State measure cost avoidance dollars due to policy changes?</p> <p>(If yes to Q51)</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
52	List other administrative actions for which the State calculates cost avoidance:	
<b>Recoveries</b>		
53	Total recoveries (\$) from data mining activities:	
54	<p>Total recoveries (\$) from provider audits:</p> <p>a) Desk Audits:</p> <p>b) Field Audits:</p> <p>c) Provider self-audits:</p> <p>d) Combination desk/field audits:</p> <p>e) Cost report audits:</p> <p>f) Total:</p>	

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