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:	☐ Distinct Program Integrity Model ☐ Inspector General (IG) Model ☐ Hybrid Model
8	Activities that the State includes under the scope of Medicaid Integrity: (check all that apply)	☐ Audits ☐ Investigations ☐ SURS/Data Mining ☐ Provider Enrollment ☐ Provider Education/Communications ☐ Managed care oversight ☐ Other, please specify:

9	Medicaid Integrity activities that the State contracts out: (check all that apply)	☐ Audits ☐ Investigations ☐ SURS/Data Mining ☐ Provider Enrollment ☐ Provider Education/Communications ☐ Managed care oversight ☐ 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:	

Planning

Staffing

11	Total number of FTEs (filled and vacant) for all functions considered to be Medicaid Integrity:	**Audits**: Filled: Vacant: **Investigation**: Filled: Vacant: **SURS/Data Mining**: Filled: Vacant: **Provider Enrollment** Filled: Vacant: **Provider Education/Communications**: Filled: Vacant: **Other**: Filled: Vacant:

IT Resources		
12	Inventory of IT resources used to conduct Medicaid Integrity activities: (check all that apply)	☐ SURS I ☐ SURS II ☐ 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:

Strategic Planning		
13	Does the State have a documented strategic plan to address Medicaid Integrity:	For its FFS program(s)? ☐ Yes ☐ No ☐ Not applicable Briefly describe: For its managed care program(s)? ☐ Yes ☐ No ☐ Not applicable Briefly describe:
14	(If yes to Q13) How frequently are updates made to the strategic plan?	For FFS program(s)? ☐ Quarterly ☐ Yearly ☐ Bi-annually ☐ Other, please specify: ☐ Not applicable For managed care program(s)? ☐ Quarterly ☐ Yearly ☐ Bi-annually ☐ Other, please specify: ☐ 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)	☐ 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):
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:	☐ Yes ☐ No ☐ Paper ☐ Web ☐ Other, please specify: ☐ Not applicable ☐ Yes ☐ No ☐ 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)?	☐ Yes (If yes, provide applicable policy/contractual language): ☐ No

21	Does the State include language in its MCO contracts specifying Medicaid Integrity requirements?	☐ Yes (If yes, provide applicable contractual language): ☐ No

Third Party Liability (TPL) Program

22	Does the State include TPL as part of its Medicaid Integrity activities?	☐ Yes ☐ No
23	Does the State include TPL recoveries as part of its Medicaid Integrity return-on-investment?	☐ Yes ☐ No

Prior Authorization

24	Does the State include prior authorization as part of its Medicaid Integrity activities?	☐ Yes ☐ No
25	Does the State include prior authorization cost avoidance as part of its Medicaid Integrity return-on-investment?	☐ Yes ☐ No

Provider Education

26	Mechanisms used to communicate to and educate providers about Medicaid Integrity: (Check all that apply)	☐ 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. ☐ Other (please describe):

Detection

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 to disseminate lessons learned from the case? ☐ Yes ☐ No

28	Data repository platform used for data mining:	☐ Mainframe
		☐ Internal/external relational database (e.g., Oracle)
		☐ Vendor proprietary database Name:
		☐ Mainframe data downloads to a personal computer (PC)
		☐ Commercial/off-the-shelf PC product Name:
		☐ Other (please describe): Name:
29	Data mining techniques used to detect Medicaid fraud, waste & abuse or inappropriate payments:	☐ Algorithms
		☐ Sampling
		☐ Statistical analysis
		☐ Models
		☐ Artificial intelligence/fuzzy logic
		☐ Other (please describe):
30	Data mining analysis tools used to detect Medicaid fraud, waste & abuse or inappropriate payments:	☐ Mainframe queries
		☐ SAS
		☐ SQL query
		☐ Vendor toolset Name:
		☐ Commercial/off-the-shelf PC product Name:
		☐ 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?	☐ Yes ☐ No

34	Total number of provider audits conducted: (State staff vs. Contractor staff)	**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:
35	Overpayments ($) identified as a result of provider audits:	Desk Audits: Field Audits: Provider self-audits: Combination desk/field audits: Cost report audits: Total:
36	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:
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)?	☐ Yes ☐ No If yes, briefly describe:
40	Does the State have tracking systems that track the progress of Medicaid Integrity investigations?	☐ Yes ☐ No
41	Does the State have a process to track the number of referrals sent to the MFCU?	☐ Yes ☐ No
42	Does the State have a process to track the date that referrals were sent to the MFCU?	☐ Yes ☐ No
43	Does the State collect feedback from the MFCU to determine the number of accepted referrals?	☐ Yes ☐ 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:	☐ Yes ☐ No

47	Does the State impose provider sanctions due to inappropriate or fraudulent activities? (If yes to Q47) 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:	☐ Yes ☐ No

Cost Avoidance

48	Does the State calculate the dollars cost avoided from terminating providers? (If yes to Q48) a) Describe methodology for calculating cost avoidance, including data sources used: b) Cost avoidance dollars from terminated providers:	☐ Yes ☐ No
49	Does the State calculate the dollars cost avoided from providers that withdrew due to program integrity concerns: (If yes to Q49) a) Describe methodology for calculating cost avoidance, including data sources used: b) Cost avoidance dollars from terminated providers:	☐ Yes ☐ No

50	Does the State calculate cost avoidance dollars due to changes in payment systems?	☐ 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 payment systems: c) Does the State factor cost avoidance from payment system changes into its budget	 ☐ Yes ☐ No
51	Does the State measure cost avoidance dollars due to policy changes?	☐ Yes ☐ No
	(If yes to Q51) 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
52	List other administrative actions for which the State calculates cost avoidance:	

Recoveries

| 53 | Total recoveries ($) from data mining activities: | |
| 54 | Total recoveries ($) from provider audits:

a) Desk Audits:

b) Field Audits:

c) Provider self-audits:

d) Combination desk/field audits:

e) Cost report audits:

f) Total: | |

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