ACL's SMP Performance Measure Definitions and Guidance

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This document provides definitions and guidance about the SMP Performance Measures (PMs) to help you accurately report your SMP activities using the SMP Information and Reporting System (SIRS). This guidance will be updated regularly based on SMP questions and feedback.

SMP Performance Measure Definitions Chart

Performance Measure (PM)	Definition
1. Active SMP Team Members	Individuals who spent any time on the SMP program, including SMP-paid, in-kind paid, and volunteer team members. Any staff, paid or unpaid, who support the SMP program, can be counted as SMP team members.
2. SMP Team Member Hours	Hours contributed by team members while performing SMP work and receiving training to perform SMP work, including time spent by SMP-paid, in-kind paid, and volunteer team members.
3. Group Outreach and Education Events	Community outreach events, education activities, and presentations to educate beneficiaries, family members, caregivers, and others about SMP services and detecting health care fraud, errors, and abuse.
4. People Reached Through Group Outreach and Education Events	Total estimated number of people reached as a result of SMP group outreach and education activities.
5. Individual Interactions	Individual interactions between SMP team members and beneficiaries, family members, caregivers, or others for the purpose of discussing or gathering information about potential health care fraud, errors, or abuse.
6. Cost Avoidance	Health care expenditures for which the government, a beneficiary, or other entity (e.g., secondary health insurer or a pharmacy) was relieved of responsibility for payment as a result of the SMP program.

Performance Measure (PM)	Definition
7. Medicare Recoveries	Actual and expected Medicare recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicare and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicare contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation.
8. Additional Expected Medicare Recoveries	Actual and expected Medicare recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicare and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicare contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral to an existing investigation where the SMP's information validated existing information. This measure aims to capture additional recoveries in which the SMP was minimally involved.
9. Medicaid Recoveries	Actual and expected Medicaid recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicaid and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicaid Fraud Control Unit or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation.
10. Additional Expected Medicaid Recoveries	Actual and expected Medicaid recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicaid and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicaid contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral to an existing investigation where the SMP's information validated existing information. This measure aims to capture additional recoveries in which the SMP was minimally involved.
11. Savings to Beneficiaries	Money recouped to an individual as a result of the SMP project (e.g., copayments, deductibles, or any other out-of-pocket expenses).
12. Other Savings	Money recouped to an entity other than Medicare, Medicaid, or a beneficiary (e.g., secondary health insurer) as a result of the SMP program.

SMP Performance Measure Guidance

PM 1: Total Number of Active SMP Team Members

Definition

Individuals who spent any time on the SMP program, including SMP-paid, in-kind paid, and volunteer team members.

Q. Who counts as a "team member"?

A. All of these individuals are SMP team members and should report their SMP hours and activities so they can be included on the OIG report.

- SMP Volunteer Team Members: Individuals who do not receive paid compensation for their time or services, but may receive travel reimbursement for SMP activities.
- SMP-Paid Team Members: Individuals who receive any compensation for their time and services from the SMP, regardless of whether their salary was funded by the SMP grant directly or other funding provided by the SMP grantee.
- SMP In-Kind Paid Team Members: Individuals who receive compensation for their time and services from a program or organization other than SMP.

Note: You can indicate the paid status of your team members on their Team Member Profile page in SIRS.

Q. Who counts as "active"?

A. Active SMP team members include all individuals who spent any time on the SMP program during a given time period, regardless of their paid status (i.e. SMP-paid, SMP in-kind paid, and SMP volunteers) and the type of work they perform (i.e. complex counseling, presenting, administration, etc.). To be considered active, a team member must have contributed work hours, training hours, or both during that annual OIG reporting period. If a team member was simply enrolled with your SMP, but did not spend any time on the program, they do not count as an active team member for the OIG report.

Q. Do we need to report the hours that paid staff members spend on SMP?

A. Yes. Please report the time these individuals spend on SMP activities using the "Time Spent" fields on the Individual Interaction Form, Group Outreach and Education Form, and Media Outreach and Education Form. Any other hours they spend on the SMP program must be reported using the Team Member Activity Form. They are active team members.

PM 2: Total Number of SMP Team Member Hours

Definition

Hours contributed by team members while performing SMP work and receiving training to perform SMP work, including time spent by SMP-paid, in-kind paid, and volunteer team members.

Q. What hours are included?

A. SMP team member hours include the total amount of time contributed by active team members while performing SMP work or receiving training to perform SMP work. SMP team member hours include all time spent on Individual Interactions, Group Outreach and Education, Media Outreach and Education, and other activities that support the SMP program, including administrative and program management activities. The time you spend on SMP activities may be reported on different forms, depending on the type of activity you complete:

- Individual Interaction Form: Use the "Time Spent" field to record the amount of time you spend on an Individual Interaction with, or on behalf of, a beneficiary. This includes the time you spend counseling, researching, referring, advocating, waiting to meet with a beneficiary, traveling to meet a beneficiary, preparing materials for a beneficiary, and completing paperwork or forms to document the interaction.

- Group Outreach and Education Form: Use the "Time Spent" field to record the amount of time you spend on a Group Outreach and Education event, including preparation time, travel time, and the time spent during the activity itself.

- Media Outreach and Education Form: Use the "Time Spent" field to record the amount of time you spend on a Media Outreach and Education activity, including preparation time, travel time (if applicable), and the time spent on the activity itself.

- Team Member Activity Form: Use this form to report time spent all other SMP activities, such as the time you spend delivering, attending, or traveling to SMP-related training, distributing or disseminating information, completing administrative tasks, managing your SMP program, supervising SMP team members, and any other SMP-related activities not identified elsewhere.

Q. What happens if two or more team members spend time on the same SMP interaction?

A. If more than one team member is assisting with an Individual Interaction, Group Outreach and Education activity, or Media Outreach and Education activity, only one person should submit an interaction form in SIRS. The person who submits the interaction form should include only their own time spent on the form. Any additional team member(s) should report their time using the Team Member Activity Form.

Q. What types of activities can be reported using the Team Member Activity Form?

A. A variety of SMP-related activities may be reported using the Team Member Activity Form, including:

- Administrative Support: Use this category to report any time spent on administrative activities such as data entry, copying, filing, mailing, or similar office work.

- Distributing Information: Use this category to report any time spent disseminating or distributing SMP information and resources to partner organizations or others in your community.

- Group Outreach and Education: Use this category to report any time spent preparing for SMP group outreach and education, in general (not related to a specific event). Please also use this category to report any time you spent on a specific Group Outreach and Education event that was (or will be) reported in SIRS by another SMP team member. Include any preparation time, travel time, and your time spent during the activity itself.

- Individual Interactions: Use this category to report any time spent preparing for SMP individual interactions, in general (not related to a specific interaction). Please also use this category to report any time you spent on a specific Individual Interaction that was (or will be) reported in SIRS by another SMP team member or to report any additional time you spent on a complex interaction that has already been entered into SIRS. Please include the time you spent counseling, researching, referring, advocating, waiting to meet with a beneficiary, traveling to meet a beneficiary, and preparing materials for a beneficiary.

- Media Outreach and Education: Use this category to report any time spent preparing for SMP media outreach and education, in general (not related to a specific media event). Please also use this category to report any time you spent on a specific Media Outreach and Education event that was (or will be) reported in SIRS by another SMP team member. Please include any preparation time, travel time (if applicable), and your time spent during the activity itself.

- SMP Program Management/Team Member Management: Use this category to report any time spent managing your SMP program and team members, including time spent overseeing your program, analyzing program results, preparing program reports, working with SMP partners, and supervising, mentoring, or meeting with SMP team members.

- Training (Initial/Orientation): Use this category to report any time spent preparing for, delivering, attending, or traveling to SMP initial training or orientation sessions.

- Training (Update/Continuing Education): Use this category to report any time spent preparing for, delivering, attending, or traveling to SMP-related update trainings or continuing education sessions.

- Other SMP Activities: Use this category to report time spent on any other SMP-related activities not categorized above.

Q. What other types of activities count toward PM 2?

A. Time spent on SMP activities (e.g., events, counseling, etc.) may be counted even if no beneficiaries attend. In this case, any time spent may be reported on the Team Member

Activity Form and counted using the appropriate category for the type of activity the team member was performing.

Q. How do I track training of partners?

A. How to report partner training will depend on whether or not the partner is an SMP team member.

- If you're training partners who are SMP team members (volunteers, in-kind, or paid staff) that are working with and reporting back to the SMP, count time spent educating them as "training" on the Team Member Activity Form (for the trainer and for each of the other team members who attended the training) – don't count it as group education! Later, when these partners give presentations about SMP, each of those presentations should be counted as a Group Outreach and Education event in SIRS.
- If you're educating a partner about SMP for the purpose of passing on the information as part of their work, but they're not receiving SMP training and they're not reporting back to the SMP, count the presentation(s) as group education sessions.

PM 3: Number of Group Outreach and Education Events

Definition

Community outreach events, education activities, and presentations to educate beneficiaries, family members, caregivers, and others about SMP services and detecting health care fraud, errors, and abuse.

Q. What is the difference between a community event and group education session and what are examples of each?

A. **Community Event**

A community event is an outreach or education activity conducted by an SMP-trained team member that is not an interactive presentation, but that still aims to educate the public about health care fraud prevention, detection, reporting, and the availability of SMP services.

Typical community event formats include but are not limited to health or senior fairs, booths, and exhibits. These may be in-person or virtual.

Examples of community events include participating in health or senior fairs, staffing information booths at public events, and exhibiting at conferences.

Group Education Session

A group education session is an interactive presentation led by an SMP-trained team member where the SMP provides specific educational content to an intended public audience. This content must be provided by a trained team member or in coordination with an invited subject matter expert. Presentations may be in-person, live, virtual, or recorded.

Typical presentation formats include but are not limited to in-person presentations or speaking engagements, workshops, forums, self-paced trainings for the public, webinar platforms, social media (Facebook) Lives, and YouTube videos.

Note: Team member trainings, booths, and exhibits may not be counted as interactive presentations. Team member trainings are entered as training activities and booths and exhibits are community events.

Presentations should be interactive, meaning that there is an opportunity for attendees to ask questions of the presenter(s). This could be done in the following ways:

- At a live event (in-person or virtual), the attendees can ask questions while in attendance, OR
- In order to count a recorded event, it must be clearly communicated how the attendees can contact a trained team member from your program to ask questions. To qualify as an interactive event in this way, a trained team member from your program must respond to questions within three business days of receipt.

Q. What is a presenter and who counts as one?

A. A presenter is an SMP-trained team member who has completed SMP Foundations Training and SMP Group Education Training, or an equivalent, and presents SMP-related content to Medicare beneficiaries, their families, and/or caregivers. Group education sessions may also include presentations done by subject matter experts in coordination with a screened and trained team member.

Q. Can I count presentations or trainings for partners as group education sessions?

A. If you're educating a partner about SMP for the purpose of passing on the information as part of their work, but they're not receiving SMP training and they're not reporting back to the SMP, count the presentation(s) as group education sessions.

If you're training partners who are SMP team members (volunteers, in-kind, or paid staff)and are reporting back to the SMP, count time spent educating them as "training" on the Team Member Activity Form (for the trainer and for each of the other team members(s) who attended the training) – don't count it as group education! Later, when these partners give presentations about SMP, each of those presentations should be counted as group education in SIRS.

Q. What types of activities are <u>not</u> considered Group Outreach and Education events?

A. Distributing or disseminating materials (e.g., leaving materials at a library, printing the SMP phone number on pharmacy bags, etc.) is not considered Group Outreach and Education. However, this activity may be counted as "Other" and reported on the Media Outreach and Education Form.

Social media posts on platforms such as Facebook, Twitter, and LinkedIn are counted as Media Outreach and Education.

Electronic communications with SMP team members or other listservs are also not considered to be Group Outreach and Education or Media Outreach and Education activities.

Training for SMP team members, including training provided by the SMP Resource Center, training provided by each individual SMP, and presentations at ACL conferences, do not count as SMP group outreach and education events.

Note: SHIP enrollment events are not considered SMP Group Outreach and Education events. If SMP services and detecting health care fraud, errors, and abuse are discussed during the individual beneficiary counseling session held at the event, that can count as an Individual Interaction.

Events that target an audience outside of the SMP intended audience of Medicare beneficiaries, their families, and caregivers are not considered Group Outreach and Education events. One example is exhibiting at a conference for children hoping to catch some grandparents there. This would not count as a group outreach and education session as it would not be the most direct route to the SMP intended audience.

Q. What if we prepare for, advertise, and hold a group outreach event and have a very small number of participants (1-2)?

A. If you do the work for an event, you can count it in the system. Include details about the event and its low attendance in the notes in case it's flagged for the OIG Report.

If you prepare for an event and have no attendees, that is also important information and should be included in your next grant report. However, the event cannot be reported on the Group Outreach and Education Form as 0 cannot be entered as the number of people reached.

PM 4: Estimated Number of People Reached Through Group Outreach and Education Events

Definition

Total estimated number of people reached as a result of SMP group outreach and education activities.

Q. How do I estimate the number of people reached?

B. For events that are conducted electronically or via teleconference, count everyone who was connected or logged on live.

For events that take place <u>in person</u>:

1. Estimate the number of attendees by using sign-in sheets or by taking a rough head count of the number of people at the presentation or event.

2. Estimate the number of people potentially reached by using a tick-mark for each person that approaches your booth to take materials and/or speak with an SMP team member or by counting the number of brochures/materials distributed. You should not automatically count the total event attendance as your estimate for the number of people reached.
3. If, however, each participant at a conference or fair is given SMP information as part of their conference bag or materials (SMP flyers, brochures, etc.), the total number of participants at the event can be counted as the estimated number of people reached.

For recorded and live events that are conducted <u>electronically or via teleconference</u>:

- Count everyone who was connected or logged on.
- Create one interaction for the presentation and add the additional viewers monthly.
- Each recorded presentation should be tracked for at most one calendar year (only 2022, only 2023, and so on) in the same interaction.
    - It is suggested that you review online content in January each year and remove outdated content.
    - For content that will remain on the internet for the coming year (and crosses into a new OIG reporting year of Jan. 1 – Dec. 31), review it for accuracy and enter a new interaction for tracking views for the next year.
- **Note:** See the "How Do I Estimate Number of People Reached Through Social Media" question below for detailed instructions on how to count YouTube videos.

PM 5: Number of Individual Interactions With, or on Behalf of, a Medicare Beneficiary

Definition

Individual interactions between SMP team members and beneficiaries, family members, caregivers, or others for the purpose of discussing or gathering information about potential health care fraud, errors, or abuse.

This performance measure includes the total number of individual interactions between SMP team members and beneficiaries, family members, caregivers, or others for the purpose of discussing or gathering information about potential health care fraud, errors, or abuse.

Q. What types of interactions count toward PM 5?

A. Individual interactions may include information sharing, counseling, investigation, and/or referrals to other agencies, as needed. All reported individual interactions count toward PM 5, regardless of whether they are basic or complex interactions. Interactions used to be reported differently depending on whether they were categorized as simple inquiries, one-

on-one counseling sessions, or complex issues. This distinction is no longer required, and all individual interactions are reported under PM 5.

Q. What kinds of interactions don't count toward PM 5?
Interactions that are not related to the SMP mission should not be reported as Individual Interactions and may not be counted toward PM 5.

A. If you're meeting with a partner who will be working with and reporting back to the SMP, these are partnership development activities and, while highly valuable, are not included in PM 5. Please report these activities using the "SMP Program Management" category on the Team Member Activity Form.

However, if you're meeting with a partner about SMP so they can pass on the information as part of their work, but they're not receiving SMP training and they're not reporting back to the SMP, you **CAN** count these as individual interactions.

Q. If multiple individual interactions were handled with the same information, can they be entered as a group outreach instead of separately as individual interactions?

A. No. Each of them must be entered as an individual interaction in order to count properly towards PM 5.

Q. What about interactions that take place during "office hours" at a library, doctor's office, or other public place?

A. When someone is approaching this type of table it is to get individualized education or to talk about a specific situation. These one-on-one conversations should be counted as individual interactions. However, if there is a mass gathering of people, for a specific purpose, then it would be considered a community event as part of group outreach.

Q. What about interactions that take place as part of a Group Outreach and Education Event?

A. During a community event, conversations that provide general information available at the booth are <u>not</u> counted as individual interactions. These are included in the number of people reached by the event. However, questions at a community event that go beyond providing general information, such as helping a beneficiary review their MSN, <u>are</u> counted as separate individual interactions, in addition to counting the person as being reached by the event.

Interactions that occur after a group education session, separate from the presentation Q&A period, may also be counted in addition to the presentation.

Q. What if my SMP shares a call center or other SMP work with another program?

A. There are many SMPs who work very closely with partner organizations or have subcontracts to complete their SMP work. Sometimes an SMP and their partners are co-located under one roof and this can result in some SMPs' staff or volunteers wearing

multiple hats, for example, a SHIP/SMP hat or an AAA/SMP hat. If you wear multiple hats at your organization, you should be careful to sort and separate SMP vs. non-SMP calls and report accordingly. Interactions that are related to another program and that are not related to the SMP mission should not be reported in SIRS and **do not** count toward PM 5.

PMs 6 – 12: General Documentation & Security Requirements

- ✓ All dollar amounts reported for PMs 6 – 12 must have supporting documentation for each individual case.
- ✓ The same dollar amount cannot be counted under more than one performance measure.
- ✓ The OIG is looking for the pages of case documentation that shows the original and revised dollar amounts. Please use the "Explanation" field in SIRS to cite the appropriate file names and page numbers.
- ✓ Documentation should clearly provide the beneficiary's name, service date, service(s) provided, and dollar amounts.
- ✓ Be cautious when receiving an MSN or other documentation electronically. Email may not be a secure way to send data or documentation. More secure options include using encrypted email or fax.
- ✓ An MSN with the beneficiary's information blacked out (so it can be emailed without encryption) is NOT acceptable documentation. The OIG needs to be able to see the beneficiary's name and other pertinent details on the MSN.
- ✓ It's NOT appropriate for an SMP to log onto a beneficiary's MyMedicare.gov account on their behalf. If needed, SMPs can guide beneficiaries through this process but should not have access to beneficiary's login information.
- ✓ Please always "send" the MSN and other documentation to the OIG securely by uploading it in SIRS.

PM 6: Cost Avoidance on Behalf of Medicare, Medicaid, Beneficiaries, or Others

Definition

Health care expenditures for which the government, a beneficiary, or other entity (e.g., secondary health insurer or a pharmacy) was relieved of responsibility for payment as a result of the SMP program. In contrast to PMs 7 – 12, money was never paid to the provider.

Q. What is an example of cost avoidance?

A. All cost avoidance must be health care related:

- Based on SMP work, the provider or beneficiary was not subject to a payment.
- No actual payment was made (unlike with expected recoveries or savings).

For example, a beneficiary contacts the SMP for guidance about a billing statement they were sent for a service they never received. The SMP instructs the beneficiary not to make that payment and offers to contact the provider to explain the concern. The provider

acknowledges the billing error as their mistake and sends the beneficiary a revised billing statement.

Q. What are some examples of acceptable documentation for PM 6?

A. Examples of acceptable documentation include:

- Copy of original and revised billing statements from healthcare provider showing a zero balance (or a reduced amount, if you are claiming the difference as the cost avoided)
- Email or letter from the healthcare provider saying the disputed charge has been removed/reduced.
- Email or letter from CMS or Medicare/Medicaid contractors (e.g., UPIC, MEDIC)
- Statement by OIG
- OR, for cost avoidance for the beneficiary under $100
    - A signed statement or email from a beneficiary (or their caregiver/representative) is adequate supporting documentation, if other documentation is unavailable. The $100 threshold applies to an individual complex interaction.

PM 7: Expected Medicare Recoveries

Definition

Actual and expected Medicare recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicare and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicare contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation (e.g., provided new information, ongoing assistance to a case, or assisted with witness testimony/interviews).

Q. What are overpayments?

A. Overpayments reflect cases where it was determined that the provider did not provide the service (full refund expected), billed for the same service more than once (full refund expected), or billed for a more expensive level of service than was provided (partial refund expected). In these cases, recoveries are in the form of a refund back to Medicare.

Q. When a CMS contractor or other federal entity identifies and confirms a Medicare overpayment, can it be counted toward PM 7?

A. Yes. Identified overpayments should be included in PM 7. You do not have to wait for, or seek the results of, possible appeals.

Q. Do I need to verify that funds were actually returned to Medicare?

A. No. In recent years, OIG has shifted the definition from "actual" to "expected" funds recovered.

Q. What are some examples of acceptable documentation for PM 7?

A. Any Medicare expected recoveries must be verifiable, attributable to the project, and include the appropriate supporting documentation:

- Copy of the original and revised billing statement from Medicare/Medicaid/healthcare provider showing a zero balance (or a reduced amount, if you are claiming the difference as savings).
- Email or letter from the healthcare provider saying payment has been refunded, or a copy of the refund check from the provider.
- Email or letter from CMS, Medicare/Medicaid contractor (e.g., UPIC, MEDIC), or law enforcement agency verifying that an overpayment was identified and specifying the amount.

For criminal cases, ideal supporting documentation includes:

- Email from the investigative agency affirming that the SMP helped them open a case or the SMP was instrumental to the existing case.
- Contact information for the relevant investigator.
- A Judgment and Commitment Order that clearly states the restitution/penalty amount.

PM 8: Additional Expected Medicare Recoveries

Definition

Actual and expected Medicare recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicare and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicare contractor or a law enforcement agency. This measure includes recoveries associated with a project's referral to an existing investigation where the SMP's information validated existing information. This measure aims to capture additional recoveries in which the SMP was minimally involved.

Q. What are overpayments?

A. Overpayments reflect cases where it was determined that the provider did not provide the service (full refund expected), billed for the same service more than once (full refund expected), or billed for a more expensive level of service than was provided (partial refund expected). In these cases, recoveries are in the form of a refund back to Medicare.

Q. When a CMS contractor or other federal entity identifies and confirms a Medicare overpayment, can it be counted toward PM 8?

A. Yes. Identified overpayments should be included in PM 8. You do not have to wait for, or seek the results of, possible appeals.

Q. Do I need to verify that funds were actually returned to Medicare?

A. No. In recent years, OIG has shifted the definition from "actual" to "expected" funds recovered.

Q. What are some examples of acceptable documentation for PM 8?

A. Any Medicare expected recoveries must be verifiable, attributable to the project, and include the appropriate supporting documentation:

- Copy of the original and revised billing statement from Medicare/Medicaid/healthcare provider showing a zero balance (or a reduced amount, if you are claiming the difference as savings).
- Email or letter from the healthcare provider saying payment has been refunded, or a copy of the refund check from the provider.
- Email or letter from CMS, Medicare/Medicaid contractor (e.g., UPIC, MEDIC), or law enforcement agency verifying that an overpayment was identified and specifying the amount.

For criminal cases, ideal supporting documentation includes:

- Email from the investigative agency affirming that the SMP's information validated existing information.
- Contact information for the relevant investigator.
- A Judgment and Commitment Order that clearly states the restitution/penalty amount.

PM 9: Expected Medicaid Recoveries

Definition

Actual and expected Medicaid recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicaid and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicaid Fraud Control Unit or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation (e.g., provided new information, ongoing assistance to a case, or assisted with witness testimony/interviews).

Q. What are overpayments?

A. Overpayments reflect cases where it was determined that the provider did not provide the service (full refund expected), billed for the same service more than once (full refund expected), or billed for a more expensive level of service than was provided (partial refund expected). In these cases, recoveries are in the form of a refund back to Medicaid.

Q. Do I need to verify that funds were actually returned to Medicaid?

A. No. In recent years, OIG has shifted the definition from "actual" to "expected" funds recovered.

Q. What are some examples of acceptable documentation for PM 9?

A. Any Medicaid expected recoveries must be verifiable, attributable to the project, and include the appropriate supporting documentation:

- Copy of the original and revised billing statement from Medicare/Medicaid/healthcare provider showing a zero balance (or a reduced amount, if you are claiming the difference as savings).
- Email or letter from the healthcare provider saying payment has been refunded, or a copy of the refund check from the provider.
- Email or letter from CMS, Medicare/Medicaid contractor (e.g., UPIC, ZPIC, MEDIC), or law enforcement agency verifying that an overpayment was identified and specifying the amount.

For criminal cases, ideal supporting documentation includes:

- Email from the investigative agency affirming that the SMP helped them open a case or the SMP was instrumental to the existing case.
- Contact information for the relevant investigator.
- A Judgment and Commitment Order that clearly states the restitution/penalty amount.

PM 10: Additional Expected Medicaid Recoveries

Definition

Actual and expected Medicaid recoveries from criminal actions, settlements, civil judgments, or overpayments that resulted from the referral. This applies to the amount of money that was ordered or agreed upon to be returned to Medicaid and may not reflect actual collections. Recoveries may also involve cases that include participation by a Medicaid Fraud Control Unit or a law enforcement agency. This measure includes recoveries associated with a project's referral that resulted in the opening of an investigation or where the SMP made a meaningful contribution to an existing investigation.

Q. What are overpayments?

A. Overpayments reflect cases where it was determined that the provider did not provide the service (full refund expected), billed for the same service more than once (full refund expected), or billed for a more expensive level of service than was provided (partial refund expected). In these cases, recoveries are in the form of a refund back to Medicaid.

Q. Do I need to verify that funds were actually returned to Medicaid?

A. No. In recent years, OIG has shifted the definition from "actual" to "expected" funds recovered.

Q. What are some examples of acceptable documentation for PM 10?

A. Any Medicaid expected recoveries must be verifiable, attributable to the project, and include the appropriate supporting documentation:

- Copy of the original and revised billing statement from Medicare/Medicaid/healthcare provider showing a zero balance (or a reduced amount, if you are claiming the difference as savings).
- Email or letter from the healthcare provider saying payment has been refunded, or a copy of the refund check from the provider.

- Email or letter from CMS, Medicare/Medicaid contractor (e.g., UPIC, ZPIC, MEDIC), or law enforcement agency verifying that an overpayment was identified and specifying the amount.

For criminal cases, ideal supporting documentation includes:

- Email from the investigative agency affirming that the SMP's information validated existing information.
- Contact information for the relevant investigator.
- A Judgment and Commitment Order that clearly states the restitution/penalty amount.

PM 11: Actual Savings to Beneficiaries

Definition

Money recouped to an individual as a result of the SMP project (e.g., copayments, deductibles, or any other out-of-pocket expenses).

Q. What counts as "actual savings to beneficiaries?"

A. Savings to beneficiaries should be health care related and include situations where a beneficiary received reimbursement for a health care service or product for which he or she was not responsible due to fraud, errors, or abuse.

Recommending to beneficiaries that they enroll in plans or programs to save money is outside of the SMP program scope and is not considered "savings to beneficiaries" for the purposes of the OIG report.

Q. What should I submit as documentation of beneficiary savings?

A. Some examples of documentation include:

- An original bill/statement and a cancelled or corrected bill/statement
- A copy of a check for reimbursement of payment to the beneficiary

OR, for savings under $100

- A signed statement or email from a beneficiary (or their caregiver/representative) is adequate supporting documentation, if other documentation is unavailable. The $100 threshold applies to an individual complex interaction.

PM 12: Other Savings

Definition

Money recouped to an entity other than Medicare, Medicaid, or a beneficiary (e.g., secondary health insurer) as a result of the SMP program.

Q. What counts as "other savings?"

A. Other savings should be health care related and include situations where a secondary insurer like a Medigap plan, TRICARE, or prescription drug plan received reimbursement for

a health care service or product for which they were not responsible due to fraud, errors, or abuse.

Q. What should I submit as documentation of beneficiary savings?

A. Some examples of documentation include:

- An original bill/statement and a cancelled or corrected bill/statement

SMP Media Outreach and Education Events

Definition

Where SMP services or detecting health care fraud, errors, and abuse information is shared through a type of media.

Q. Is Media Outreach and Education a performance measure on the OIG Report?

A. Media Outreach and Education is not a performance measure and is not included on the OIG report. However, it's still important to report your media activities to track your time spent and active SMP team members (PMs 1 & 2), keep a historical record of your efforts to spread the word about SMP, and also help you track data you may need for other agency or grant reporting purposes.

Q. What counts as media outreach and education and how do I estimate the number of people reached?

A. Media outreach and education is when information is shared through a type of media that educates individuals about health care fraud, errors, and abuse or SMP program services.

Tips and guidance for tracking media outreach details are provided below. SMP directors should determine additional procedures for your SMP as needed, so that data can be entered consistently for your state. Consider questions such as: How do we plan to use this information? How much detail is needed for other agency or grant reporting purposes?

Type of Media in SIRS:

- Billboard
    - Select this option to report both paper and electronic billboard advertisements. Common examples include bus ads, billboards, benches, and other outdoor advertising.
    - Count the traffic views or impressions the billboard or signage receives. Count each billboard or signage traffic views only once, no matter how many days the billboard or signage is visible. To get this, view the advertising agency's website or ask the advertising agency.

      Example: Billboard traffic views is 25,000 per week. Only enter 25,000, do not multiply it by the number of weeks it is up.
- Email

    - Select this option to report an email blast or listserv message to a group. Do not include email communications with individual beneficiaries.
    - Count the number of intended recipients of the email.
- Magazine
    - Select this option to report a magazine advertisement, feature, or story.
    - Count the circulation of the magazine. To get this, view the magazine's website or ask your contact at the magazine.
- Newsletter
    - Select this option to report distribution of a local, regional or state newsletter.
    - Count the number of subscribers or intended recipients of the newsletter (print or electronic).
- Newspaper
    - Select this option to report a newspaper advertisement, feature, or story.
    - Count the circulation of the newspaper. To get this, view the newspaper's website or ask your contact at the newspaper.
- Radio
    - Select this option to report a public service announcement or a live or taped radio appearance.
    - Count the listeners of the radio, podcast, or streaming station (Pandora). To get this, view the media's website or ask the media outlet.
- Social Media
    - Select this option to report use of social media platforms for content that would not be considered group education (see the "What types of activities are <u>not</u> considered Group Outreach and Education events?" question for more information). Common examples include posts on Facebook, Twitter, LinkedIn, etc.
    - You can only count analytics for organizational accounts created for an organization, not personal, team member social media accounts.
    - See the "How Do I Estimate Number of People Reached Through Social Media" question below for detailed instructions on how to count this.
- Television
    - Select this option to report a public service announcement or a live or taped television appearance for the purpose of sharing information on SMP services or detecting health care fraud, errors, and abuse.
    - Count the viewers of the television station. To get this, view the television station's website or ask your contact at the television station.
- Website
    - Select this option to report messaging shared through the state, regional, or local SMP website for the purpose of sharing information on SMP services or detecting health care fraud, errors, and abuse.
    - Count the visitors or users of your website or a particular page of your website. Count only your website, not other websites sharing your information. To get this, you can use Google Analytics.

        - **Note:** Recorded educational sessions would not be counted here but instead counted as group outreach and education.
    - Other
        - Select this option to report other media not listed above. Common examples may include the direct mailing of postcards, distributing flyers or brochures to partner locations like libraries, handing out My Health Care Trackers at fairs, or providing handouts to home delivered meals recipients.
        - Count the number of intended recipients of the flyer, brochure, health care tracker, etc.

Q. What doesn't count as a media?

A. Posters, banners, and displays used during Group Outreach and Education events should not be counted separately as a Media Outreach and Education event.

Q. What happens when there's national media coverage of SMP that airs in my state?

A. You should not enter media airings related to national press. The exception is when your SMP team members or beneficiaries are interviewed by, or provide information to, a reporter from the national press as part of their story. You can count the media outreach of the national press article if your SMP is featured in or contributed to the article.

Q. Can I count inclusions in community calendars (online or in print) in a newspaper that gives info about an upcoming SMP event?

A. Yes, but only if it fits the definition of the purpose of SMP media – meaning it must be educational in nature. For example, it has to include more than just a date and time.

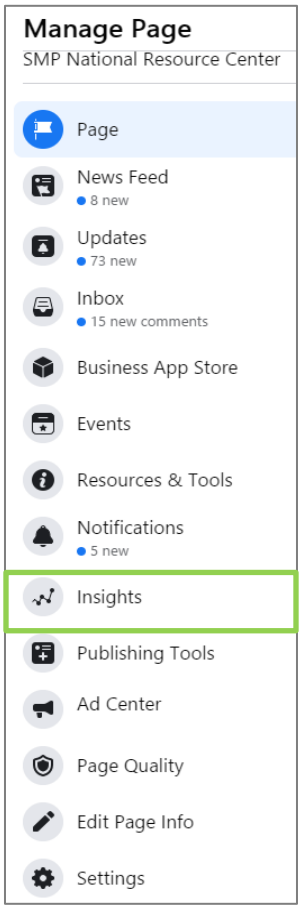
Q. Can I count ads seeking SMP volunteers on volunteer websites? If so, how?

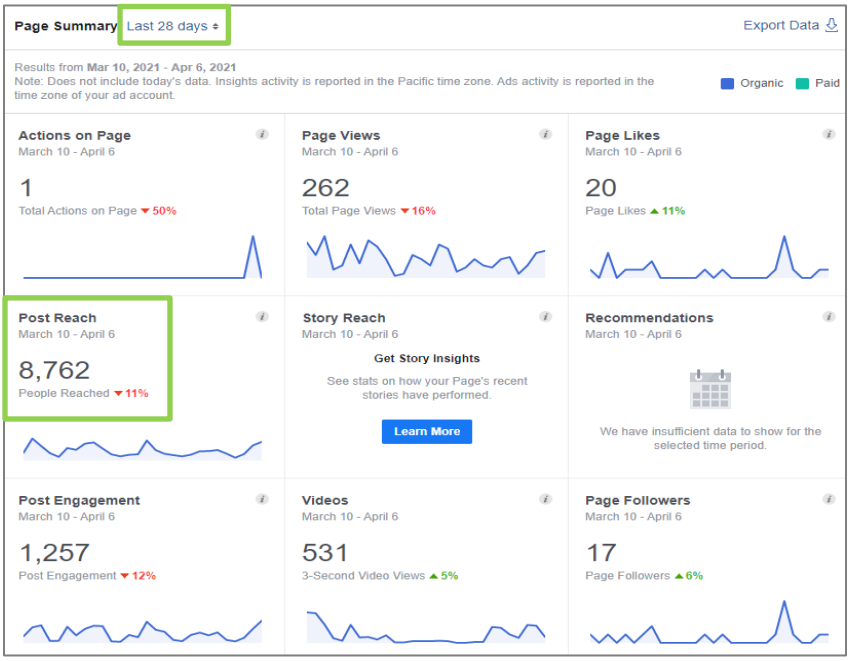
A. Yes, you can count it if it meets the definition of SMP media. You should count according to the guidance given for website postings.

Q. How Do I Estimate Number of People Reached Through Social Media?

A. Count the post reach, impressions, or views on a monthly basis using the "Last 28 days" option for the social media reach. You can only count accounts created for an organization, not personal social media accounts.

- Facebook Posts
  - Posts are tracked on the Media Outreach and Education form.
  - Log in to your business Facebook page
  - Click on “Insights” from the left menu.
  - Change the date range after “Page Summary” in the top left from “Last 7 days” to “Last 28 days.”

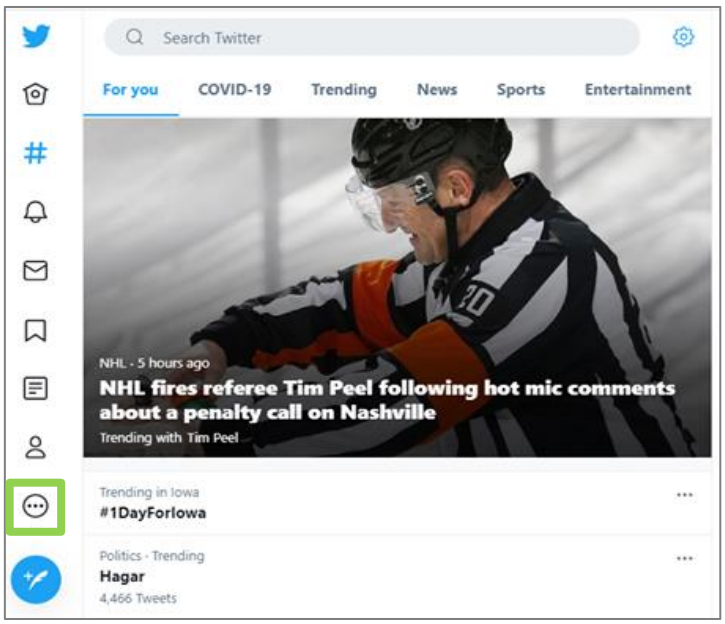




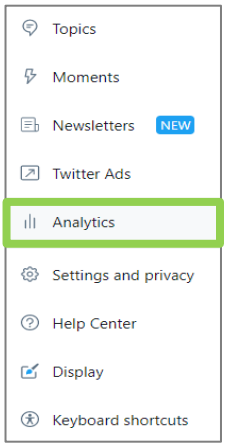
  - Enter the number under “Post Reach” as the estimated number of people reached in the data system for the month.
  - Optional: Track the number of posts that were posted during the month in the Notes field.

- Twitter Tweets:
  - Tweets are tracked on the Media Outreach and Education form.
  - Log in to your business Twitter page.
  - Click on the circle with three dots

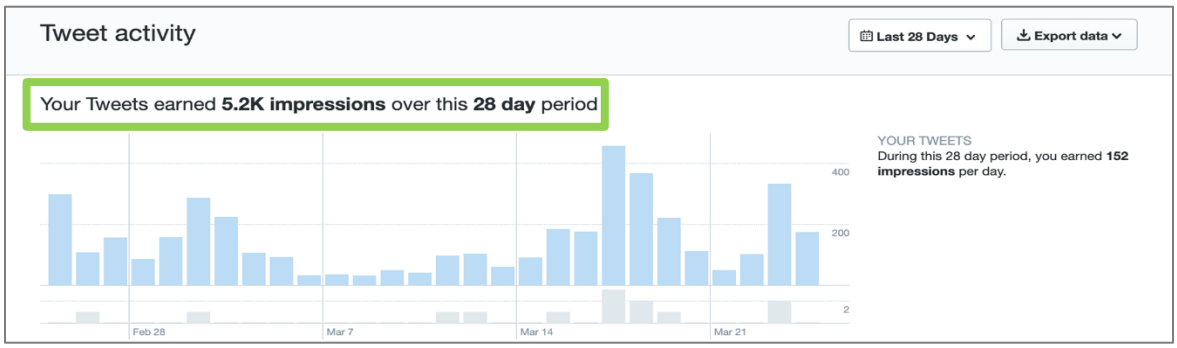
    at the bottom of the menu on the left.



  - Click on “Analytics” from the left menu.



  - The date range default is already “Last 28 days.”

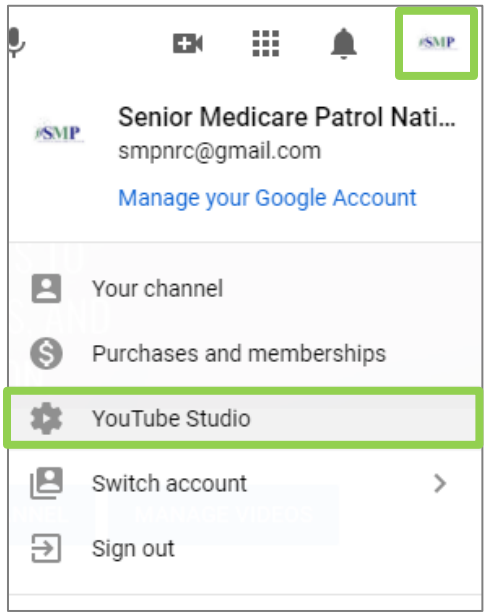


  - Enter the number of “Impressions” as the estimated number of people reached in the data system for the month.

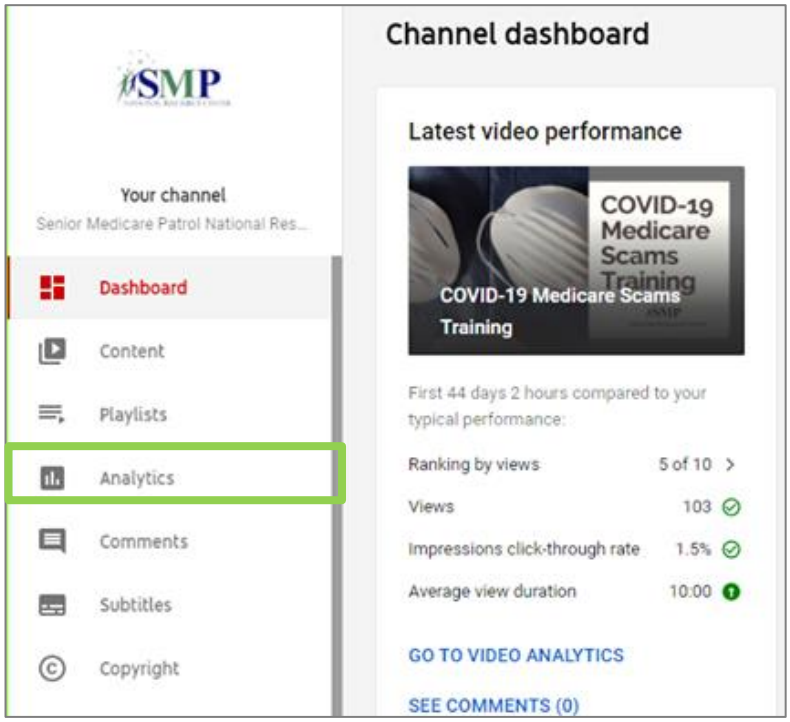
- Optional: Track the number of tweets that were posted during the month in the Notes field.

➢ YouTube Channel:

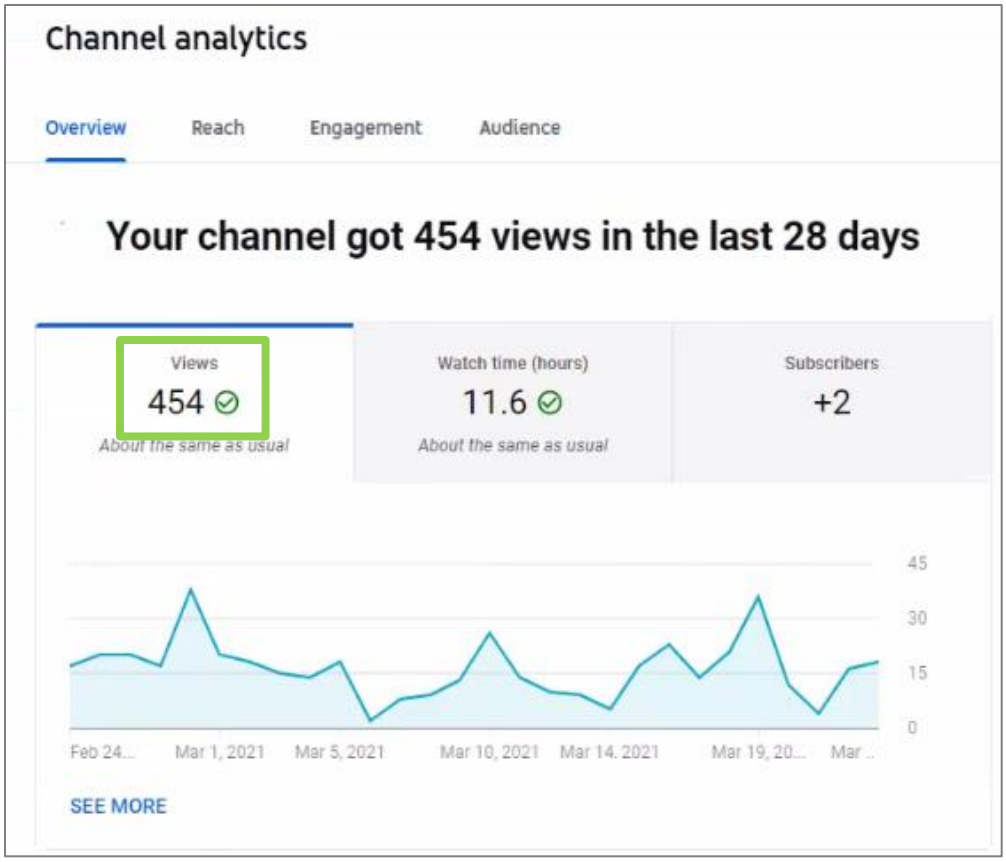
- Videos are tracked on the Group Outreach and Education form.
- Log in to your business YouTube account.
- Click on your profile icon in the upper right corner.
- Select “YouTube Studio” from the dropdown menu.



- Click on “Analytics” from the menu on the left.



- The date range default is already “Last 28 days.”



- Enter the “views” as the estimated number of people reached in the data system for the month.
- Optional: Track the number of videos that were posted during the month in the Notes field.