

OIG Report Definitions and Guidance

Remember the SMP Mission!

To empower and assist Medicare beneficiaries, their families, and caregivers to prevent, detect, and report health care fraud, error, and abuse through outreach, counseling, and education.

NOTE: *This OIG performance measure clarification document is not intended to provide guidance regarding ACL (Administration for Community Living) grant match guidelines. For questions about grant match, contact ACL directly.*

Outcomes	Definition
1: Active volunteers	An “active” volunteer is defined as a person who meets the criteria for an SMP volunteer and who receives training or performs work for the SMP program within the reporting period. For more information, see the “clarifications” section (Page 3, Outcome 1).
2: Volunteer training hours	The number of hours contributed by SMP volunteers while receiving training to perform SMP work. See the “clarifications” section (Page 3, Outcome 2).
3: Volunteer work hours	The number of hours contributed by SMP volunteers performing SMP work. See the “clarifications” section (Page 4, Outcome 3).
4: Media airings	Any individual airing or publishing of media (e.g. print, radio, television, or electronic) to educate about Medicare/Medicaid fraud and the services of the SMP program. See the “clarifications” section (Pages 4 – 7, Outcome 4).
5 & 6: Community outreach / education events	A community outreach/education event is an outreach and education activity conducted by an SMP representative that is not a group education session, one-on-one counseling session, or media airing. The purpose of such an event is to educate the public about health care fraud prevention, detection and reporting, and the availability of SMP services in their area. For examples and assistance in estimating the number of people reached, see the “clarifications” section (Pages 7 – 8, Outcomes 5 and 6).
7 & 8: Group education sessions	Formal presentations led by SMP staff or volunteers to educate beneficiaries, family members, caregivers, and others on detecting fraud, error and abuse in the health care system and on the services offered by the SMP program. See the “clarifications” section (Page 8, Outcome 7).
9: One-on-one counseling sessions	A meeting between an SMP representative and an individual beneficiary-and/or his or her family or caregiver for the purpose of discussing or gathering information about potential health care fraud, error, or abuse. One-on-one counseling sessions may include beneficiary counseling, information gathering, or information sharing. See the “clarifications” section (Page 9, Outcome 9).
10 & 11: Simple inquiries	A simple inquiry is brief contact initiated by a consumer and/or beneficiary that is resolved with minimal time and research or review. Simple inquiries typically do not require individual demographic or private personal information such as a Medicare number or information about a medical condition. See the “clarifications” section (Pages 9 – 10, Outcomes 10 and 11).

Outcome	Definition
12: Complex issues	Complaints of potential Medicare fraud, error, and abuse, consumer scams that seek Medicare and Social Security numbers, and other potential health care fraud aimed at Medicare beneficiaries are deemed “complex issues” in the SMP program. Complex issues are inquiries that generally require the SMP staff or volunteer to obtain beneficiary personal identifying information and detailed information related to the issue, complaint, or allegation in order to conduct further investigation or referral. See the “clarifications” section (Page 11, Outcome 12).
13A: Complex issues referred for further action	Complex issues referred to a Medicare representative, law enforcement, or other investigative agency. See the “clarifications” section (Page 11, Outcome 13A).
13B: Dollar amount referred for further action	For health care related errors, fraud and abuse issues, the dollar amount being questioned, requiring investigation or further action on the part of the SMP or other entity to which the case is referred. See the “clarifications” section (Pages 11 – 12, Outcome 13B).
14: Complex issues resolved	A complex issue resolved by an SMP, a Medicare representative, an investigative agency, or other appropriate organization. See the “clarifications” section (Pages 13 – 14, Outcome 14).
15: Complex issues pending further action	Complex issues that are still being investigated by either the SMP or an entity to which the case was referred. See the “clarifications” section (Page 14, Outcome 15).
16: Cost avoidance	Health care expenditures for which the government, a beneficiary, or other entity (e.g., secondary health insurer) was relieved of responsibility for payment as a result of the project. See the “clarifications” section (Pages 14 – 15, Outcome 16; Page 16, Outcomes 16 – 17D).
17A: Expected Medicare funds recovered	Money saved or expected to be recouped to the Medicare Trust Fund as a result of the project. See the “clarifications” section (Page 15, Outcome 17A; Pages 15 – 16, Outcomes 17A and 17B; Page 16, Outcomes 16 – 17D).
17B: Expected Medicaid funds recovered	Money saved or expected to be recouped to Medicaid as a result of the project. See the “clarifications” section (Page 15, Outcome 17B; Pages 15 – 16, Outcomes 17A and 17B; Page 16, Outcomes 16 – 17D).
17C: Savings to the beneficiary	Money saved or recouped to an individual as a result of the project (e.g., co-payments, deductibles, or any other out-of-pocket expenses). See “clarifications” (Page 16, Outcome 17C; Page 16, Outcomes 16 – 17D).
17D: Other savings	Money saved or recouped to an entity other than the Medicare program, the Medicaid program, or beneficiaries, as a result of the project, such as a secondary or supplemental insurance plan. See the “clarifications” section (Page 16, Outcomes 16 – 17D).

PERFORMANCE MEASURE CLARIFICATIONS

Outcomes 1 – 3: Volunteer Tracking & Management

Outcome 1: What constitutes an “active volunteer?”

To be considered active, a volunteer must have contributed work or training hours during the OIG Report period. If they were simply enrolled but did not contribute hours, they will not count on the OIG Report.

Who can and cannot be considered a volunteer for the SMP Program?

SMP volunteers are individuals who donate their time to assist with implementing the SMP program. Volunteers are trained to perform SMP work, which is conducted during their own personal time. They do not get paid by anyone during the time they perform this work. The Volunteer Risk and Program Management (VRPM) Policies provide a formal definition of an SMP volunteer in Policy 3.1.

For purposes of the OIG Report and SMART FACTS, SMP volunteers are NOT individuals from partnering organizations (e.g. employees of other organizations who serve on Advisory Boards). Those individuals are defined by the VRPM policies as “third party staff” in Policy 3.2. Individuals who are fully or partially paid through SMP funds are not considered SMP volunteers. For example, SMP staff, subcontractors, or third party staff are NOT eligible to be SMP volunteers. However, their SMP outreach activities or complex issues and referrals efforts should still be reported, as applicable (Outcomes 4 – 17). They may not be volunteers, but their SMP activities are reportable, just as SMP staff activities are reportable, provided those activities meet the criteria for outcomes 4 – 17, as applicable.

Outcome 2: What constitutes “volunteer training hours”?

Formal gatherings (e.g. in person, teleconference, or web conference) sponsored for the purpose of teaching or updating SMP volunteers who in-turn will educate individuals to identify and report health care fraud, error, and abuse. The time volunteers spend traveling to and from training locations are also reportable hours. Volunteer hours spent completing self-paced curriculum (online or on CD, for example) also count as volunteer training hours. Time spent by volunteers on informal training mechanisms, such as reading email updates or newsletters, are NOT reportable volunteer training hours (they may be considered work hours, however. See guidance for Outcome 3).

For more information about volunteer training requirements, including curriculum available from the SMP Resource Center or ACL, see the *SMP Volunteer Orientation and Training Implementation Guide* available in the SMP Resource Library www.smpresource.org/resourcelibrary.

Outcome 3: What constitutes “volunteer work hours”?

Volunteer work hours include any time spent doing SMP work which includes time spent conducting simple inquiries, one-on-one counseling, complex issues, group education, and community outreach activities.

In addition:

- Volunteer preparation time is reportable as work hours. For example:
 - Practicing to give a presentation
 - Assembling materials for an upcoming exhibit
 - Researching a complex issue
 - Reading SMP email updates or newsletters
 - Reviewing/researching SMP manuals
- Volunteer time spent on SMP activities (i.e. events, counseling, etc.) may be counted even if no beneficiaries attend (even though the event cannot be counted). In this case, volunteer hours may be counted as “other” work hours, or as hours specific to the type of activity they were performing.
- Volunteer time spent traveling to and from SMP work locations are reportable work hours.

NOTE: *In SMART FACTS, travel time can be lumped into the overall total hours for the applicable type of work. For example: If a volunteer travels 30 minutes round trip to present a 30 minute group presentation, one entry for a total of one hour of volunteer work can be entered into SMART FACTS in the category of Volunteer work - making group presentations.*

For examples of volunteer work within standard national volunteer role classifications or through other roles created by an individual SMP, see VRPM Policy 1.7: Volunteer role classifications.

NOTE: *Until SMP volunteers have completed their training as required by the VRPM policies (i.e. Policy 3.67: Training), work hours may not be counted. On-the-job training may be counted as training hours.*

Outcomes 4 – 11: Outreach and Education

Outcome 4: What types of events constitute a “media airing?”

A “media airing” is defined as “any individual airing or publishing of media (e.g., print, radio, television, or electronic) to educate individuals about Medicare/Medicaid fraud and/or SMP program services.”

Examples of media airings are:

- Newsletters (created by project, and articles for others)

- Print media (articles or ads appearing in newspapers, magazines, senior guides and other media outlets, and opinions & editorials)
- Billboards
- Radio (interviews and PSAs)
- Television (interviews and PSAs)
- Bus ads
- Website postings

Counting airings:

- For this performance measure, you should count **each documented time** a media effort is aired or published. If you create a PSA and send it to fifty sources but only have verification that two of them published it, your media airing count for that effort would be two.
- How to count the following media airings:
 - Newsletter** (written by project, either for own newsletter or other organization's newsletter). Count the publication of the newsletter (print or electronic) as ONE airing.
 - Print Media** (articles, ads, letters to the editor, interviews, etc. appearing in newspapers, magazines, and other media outlets). Count the publication of the article, ad, interview, etc. as ONE airing per print media venue (ex: if the same ad appears in several different magazines, each magazine is considered an individual airing). Also, count a new airing each subsequent day print media is published, if applicable. For example, an advertisement appearing in a given newspaper for 7 days in a row is 7 airings. If the same advertisement appeared in 7 newspapers for 7 days each, count 49 airings, etc.
 - Billboard** (outdoor signage). Count each day that an individual billboard is visible as ONE airing. To figure out how many airings one would have, multiply the number of billboards by the number of days it was visible. For example: if you have 2 billboards and each is up for 30 days that would be 60 media airings.
 - Bus Ad** Count each day that an advertisement is visible on an individual bus as ONE airing. To decide how many media airings you have multiply the number of buses by the number of days the ad was posted on the bus. For example: 5 buses have the SMP advertising on them for 30 days each, that would be 150 media airings.
 - Facebook** Count educational postings to Facebook the same way you would a website posting (see below).
 - Radio** (Interviews and PSAs). Enter the total number of INDIVIDUAL AIRINGS for this media activity. Note: You must have supporting documentation to back up your radio PSA airings. Without back-up documentation, the most you can do is count one airing for each radio station that aired your PSA and enter the total.

Television (interviews and PSAs). Enter the total the number of INDIVIDUAL AIRINGS for this media activity. Note: You must have supporting documentation to back up your television PSA airings. Without back-up documentation, the most you can do is count one airing for each television station that aired your PSA and enter the total.

Tweeting Count educational tweets the same way you would a website posting (see below).

Website Postings: When articles or information that meet our definition of a media airing (“to educate individuals about Medicare/Medicaid fraud and/or SMP program services”) are posted to a website (yours or someone else’s), it counts as one airing. There is one exception – when paid ads are web-based. Count paid, web-based ads the same way you would count bus ads and billboards. Like bus ads and billboards, you must have supporting documentation.

What does not count as an airing?

- Do NOT count the number of people in the audience or how many people are receiving the media (i.e. distribution of a newspaper, number of website hits or visitors). Remember, we’re NOT counting the audience reached; we’re counting airings for this outcome.
- Do NOT count posting videos on YouTube. This is a means to an end. Posting on YouTube enables easy posting of educational videos to websites. You can count the posting of that video to your website, but you can’t count your upload to YouTube separately.
- Posters, banners, and displays used during community outreach events or group education sessions are not counted separately as media airings.

Frequently asked questions about counting media airings:

- **How do I count the airings of newspaper articles, PSAs, radio interviews, etc. that are subsequently re-posted on the publisher’s website?**

Re-postings on the publisher’s website can be counted as one additional airing, since it’s a separate venue from print or a live event (even though it is the same article/interview). Count the day of posting as the day of airing. Do NOT count each subsequent day the article/interview remains live on the website as an additional airing. Articles/interviews can be left on website for weeks, months or years, much the way newspapers in libraries are available indefinitely beyond their actual print date.

- **How do I count airing of paid educational advertising that is web-based?**

Count these the way you would count bus ads, billboards, and other paid print ads. For each documented day your ad appears on a given web-based media (such as a website), count one airing. If your ad is on multiple sites, count one airing per documentable day on the other site/s also. Example: A paid SMP educational ad appears on a single website for 31 days. That equals 31 airings.

- **What happens when there’s national media coverage of SMP that airs in my state? I did not interview for or prepare materials for the coverage, so I don’t think I can count the airings.**

You are correct. SMPs do not enter media airings related to national press (just inquiries or complex issues or any other outcomes resulting from national press). The exception is when your SMP staff, volunteers, or beneficiaries are interviewed by, or provide information to, a reporter from the national press as part of their story. You can count documented airings of the national press article if your SMP is featured in or contributed to the article.

- **If SMPs are hanging posters and/or putting up signs to market the SMP (at SMP offices, partner offices, churches, grocery stores, etc.), does this count as an airing?**

Maybe. It depends upon exposure. If the posters are indoor (ex. bulletin boards), they do not count. If they are outdoor (such as yard signs, bus stops), they do count, BUT, they must fit the definition of media (to educate individuals about Medicare/Medicaid fraud and/or SMP program services). Count them using the billboard guidance.

- **Can you count inclusions in community calendars (online or in print) in a newspaper that gives info about an upcoming SMP event?**

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.

- **Can I count ads seeking SMP volunteers on volunteer websites? If so, how do I count it?**

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

- **How can I count media efforts that I do not have documentation for?**

Unfortunately, you cannot count multiple airings for media efforts where you cannot get documentation. The effort can be counted as ONE airing. An example of this would be an interview that aired several times, but the radio station does not provide documentation of the other times it ran.

Outcome 5: What are examples of a “community outreach / education event?”

Examples include participating in health or senior fairs, staffing information booths in shopping centers, and exhibiting at conferences to increase community awareness. To count as a community outreach/education event, it must be staffed by an SMP representative.

Events that are conducted over the internet or via teleconference but do not meet the definition of a group education session may be counted as a community outreach education event. One example would be a hosted chat session without an actual presentation. Another example would be a telephone campaign to educate Senior Housing Service Coordinators about how to protect their residents from fraud.

Community Event vs. Dissemination Activity: Distributing materials to locations or events that are **not** staffed by SMP representatives are not reportable as a community event to the OIG. Examples: leaving materials at a library, printing the SMP phone number on pharmacy bags, etc. You may report this type of dissemination to ACL in your semi-annual reports, if desired, but it is outside of the scope of the OIG Report.

Outcome 6: How do I calculate the estimated number of people reached?

For community outreach/education events which take place in person:

- Estimates of the number of people potentially reached should be made by using a tick-mark for each person that approaches your booth to take materials and/or speak with an SMP staff or volunteer 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.
- 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 community outreach/education events that were conducted over the internet or via teleconference, count everyone who was connected or logged on.

Outcome 7: What are examples of “group education sessions?”

Presentations to groups, small or large. These presentations may or may not include the use of PowerPoints, visual aids, handouts, or other presentation tools and techniques, even performances or skits, as long as the content fulfills the SMP mission.

Events conducted electronically, such as webinars, teleconferences, tele-town halls, etc. may be counted as group education sessions as long as they include some form of formal presentation on Medicare fraud, error, or abuse, and/or the SMP program and mission. For the number of participants, you can count everyone who was connected to or logged into the event.

If more than one SMP is involved in a single Tele-town Hall, how should it be counted?

This would be counted as one education session. The SMP whose population was the primary target for the event would be considered the “host-SMP.” The “host-SMP” should be the one entering the data in SMART FACTS, including the number of beneficiaries served, even if they reside outside of the host state.

Outcome 9: How are “one-on-one counseling sessions” different from “simple inquiries?”

A one-on-one counseling session is considered more in-depth than a simple inquiry and is used to track incidents in which a beneficiary receives some type of individualized education from the SMP. A one-on-one counseling session can take place over the phone or in person, such as at a community event or group education session. A conversation with a beneficiary cannot be counted as both a one-on-one counseling session and a simple inquiry.

For more information about one-on-one counseling sessions, including additional examples and how to distinguish them from simple inquiries, see the *SMP Counselor Training Manual, Chapter 1: Types of SMP Questions* and *Appendix A: Flow Chart*.

What are some examples of “one-on-one counseling sessions?”

Examples of one-on-one counseling sessions may include:

- Basic, individualized education about how to read an MSN
- Basic, individualized education about how to recognize fraud, error, and abuse
- An individual suspects fraud, error, or abuse, but your review of their MSN confirms standard Medicare billing practices.
- Individual SMP conversations during a community event may be counted in addition to the event.
- Individual SMP conversations after a group education session, which occur separately from the presentation Q&A, may be counted in addition to the presentation.
- Proactive, one-on-one fraud education initiated by the SMP.
 - For example, some SHIP SMPs provide beneficiaries with fraud prevention tips during benefits counseling sessions, even if the beneficiary is not coming forward with a specific instance of suspected fraud, error, or abuse. Though benefits counseling is not an SMP activity, providing fraud prevention education is an SMP activity.

NOTE: *Meetings with partners to educate them about the SMP do NOT count as either one-on-one counseling sessions or simple inquiries. They are partnership development activities. While highly valuable, they are not one of our OIG measures.*

Outcome 10: What constitutes a “simple inquiry?”

A simple inquiry is used to keep track of how many contacts come to the SMP with questions that have a short and simple answer. Simple inquiries are not as in-depth as a one-on-one counseling session.

Examples of simple inquiries may include:

- A request for information about an upcoming SMP presentation
- A request for a copy of a publication that your SMP recently released
- A request for information about becoming an SMP volunteer

- A request for information that is best provided by another agency and you explain how to contact the other agency.
- Individual SMP questions asked during a community event may be counted in addition to the event.
- Individual SMP questions after a group education session, which occur separately from the presentation Q&A, may be counted in addition to the presentation.

For more information about simple inquiries, including additional examples and how to distinguish them from one-on-one counseling sessions, see the *SMP Counselor Training Manual, Chapter 1, page 2* and also *Appendix A: Types of SMP Questions Flow Chart*.

What if my SMP shares a call-center or other SMP work with another program (staff or volunteers wear more than an SMP hat)? How do we sort and separate inquiries for SMP vs. other programs?

As we have learned from the SMP Profile (available in the SMP Resource Library), there are many SMPs who work very closely with partner organizations to get the SMP work done, such as through subcontracts. Sometimes an SMP and their partners are under one roof (co-located). This may result in some SMPs' staff or volunteers wearing multiple hats -- a SHIP/SMP hat or an AAA/SMP hat, for example. Others of you are stand-alone SMPs: your staff and volunteers only work for the SMP and do not wear other hats.

These configurations affect SMART FACTS data entry decisions related to simple inquiries. It is particularly relevant for those SMPs who share a call center with another entity (an ADRC, for example). It is not the intention of SMART FACTS to track every call to that call center in SMART FACTS. When sharing a call center with another program, it is necessary to sort and separate SMP vs. non-SMP calls and report accordingly. For stand-alone SMPs with an "SMP only" toll-free, any call coming to that number becomes reportable in SMART FACTS. For additional assistance, review the following resources: *The SMP Counselor Manual, Chapter 1, Page 2* and *Appendix A* (it is also Appendix A of the *SMART FACTS Manual*), and *CMS/AoA Data Reporting Guidance: Joint SHIP/SMP Programs* (the last 3 pages, in particular). These resources are in the SMP Resource Library as "OIG Report Data Accuracy Tools."

Outcome 11: What constitutes a simple inquiry that was "resolved?"

Were you able to answer their question or direct them to someone else who could answer their question? If so, the simple inquiry was resolved.

NOTE: *When entering simple inquiries in batches, don't forget to also enter the number that were resolved. SMART FACTS defaults to the number 0. For example, if you enter 10 simple inquiries in a batch, but forget to enter how many were resolved, the system will report that 0 were resolved. This will result in a low number and percentage of resolution for simple inquiries.*

Outcomes 12 – 17D: Complex Issues and Referrals

Outcome 12: What are some examples of “complex issues?”

The types of complex issues are vast, but some examples of typical complex issues may include:

- A report of a potential billing error resulting in Medicare paying for medical services;
- A report of solicitation from a durable medical equipment company for equipment that has not been ordered by the beneficiary’s physician;
- A beneficiary reports having been called and asked for their Medicare number by someone claiming to be from Medicare or Social Security. They gave out their number, then called the SMP later, realizing they made a mistake;
- A report of Part C or Part D marketing violations;
- A beneficiary calls to report a scam that they avoided, and the SMP alerts the proper authorities about the scam;
- A beneficiary sees a charge on their MSN or Explanation of Benefits for a service they never received or from a provider they don’t know;
- A representative from a senior housing complex reports residents are being offered money or gifts as incentives to utilize specific providers or services.

NOTE: *For more information about complex issues, including additional examples and how to distinguish them from one-on-one counseling or simple inquiries, see the SMP Counselor Training Manual, Chapter 1: Types of SMP Questions, and Appendix A: Flow Chart. For a thorough understanding of the wide range of complex issues, see the SMP Complex Issues and Referrals Training Manual.*

Outcome 13A: What constitutes an SMP Referral?

An SMP referral requires that the SMP contact an outside entity on behalf of a beneficiary or other complainant to address suspected Medicare or Medicaid fraud or abuse.

See the *SMP Complex Issues and Referrals Training Manual* and the *SMART FACTS Manual* (Chapter 6) for more detailed information about entities to whom SMPs make referrals.

Outcome 13B: What constitutes “total dollar amount referred for further action?”

Total number of health care related dollars in question associated with complex issues that are being investigated by the SMP or referred on to another entity for further investigation. No documentation required. Note: It is legitimate for SMPs to track dollars that are being questioned and investigated in-house, not just through referrals to outside entities, as long as it is health care related (such as errors on MSNs or EOBs that the SMP helps to resolve).

Dollars associated with non-health care related consumer fraud should not be included in Outcome 13B.

What amount on the MSN should I count as the dollar amount questioned and referred for further action?

For providers who accept assignment, you will use the “Medicare Approved Amount” for 13B. This figure encompasses both the dollars Medicare has paid and also the beneficiary’s share of the claim, giving us a full picture of the dollar amount involved. Remember, however, that when providers participate in Medicare but do not accept assignment, they can charge the beneficiary up to 15% above Medicare’s approved amount. The key is to include all potential charges involved in Outcome 13B – charges to Medicare, the beneficiary, the supplement, etc. Also, if a provider violates assignment and overcharges a beneficiary, include the amount of the overcharge to the beneficiary in Outcome 13B.

What about when beneficiaries are on Part C and Part D and do not get MSNs? What amount should I count in 13B?

Use the Explanation of Benefits (EOB) received from the plan to determine the entire amount of the involved claim (i.e. the amount the plan will pay plus the beneficiary’s copayment or coinsurance). In these situations make sure to capture all potential charges involved in outcome 13B – charges to Medicare and the beneficiary -- just like with Original Medicare claims.

What should I do when I learn the outcome of a case and discover that the actual dollars saved or expected to be recovered are different from what was originally questioned?

Leave the original amount as-is. Outcome 13B gives the “before” picture. There are other ways of reflecting the actual dollar amount recovered or saved. If it turns out that no dollars were expected to be recovered or saved, regardless of the reason, you should still leave the original amount as-is. The same is true if the dollar amount expected to be recovered or saved was actually higher than the amount originally questioned. Outcome 13B reflects the dollar amount originally questioned and needing further research by the SMP or investigation by outside entities. It is not intended to reflect the final outcome of your research or an investigation by outside entities.

If we forgot to enter dollars questioned from previous years, can we go back and enter them?

It depends.

- For cases received on or after the previous federal fiscal year (begins Oct 1st each year), **yes**.
 - For example, if the OIG Report being retrieved is for calendar year 2012, you can enter dollars referred as far back as October 1st, 2011. Though only calendar year 2012 data will show on the OIG Report, the October – December 2011 data would be useful to ACL for reports to HHS.
- For cases received prior to the previous federal fiscal year (begins Oct 1st each year), **no**.
 - Dollars referred longer ago than the October prior to the current OIG Report calendar year cannot be entered. It is too late.

Outcome 14: What constitutes a complex issue that has been resolved?

A complex issue that has gone through all proper channels – whether internal or via referral – and allows the SMP to provide the beneficiary with a final determination on the disposition of the matter.

Examples of resolved cases include:

- An SMP contacts a health care provider to discuss a billing concern on behalf of a beneficiary. The provider acknowledges their error as a simple miscoding and indicates the beneficiary will be reimbursed. The beneficiary provides documentation to the SMP proving that they were properly reimbursed.
- An SMP receives reports that a Part D salesperson is consistently using high pressure sales tactics to get beneficiaries to sign up for their product. The SMP refers the case to the CMS Regional Office (RO) Department of Insurance (DOI) Liaison and the state insurance division. The CMS RO DOI Liaison reports back to the SMP that they have addressed the problem.
- A DME company supplies a beneficiary in Original Medicare with testing strips that the beneficiary didn't order and doesn't need. The beneficiary has asked the DME provider to stop the shipment, but to no avail. The SMP refers the issue to the OIG Hotline via ACL. The OIG Hotline via ACL informs the SMP that an overpayment has been identified in the amount of \$8,202. The shipments to the beneficiary have been stopped.
- Documentation is received to verify savings and expected recoveries.

NOTE: *Cases with dollars entered for savings and expected recoveries must be closed before the SMP will get credit (Outcomes 16 – 17D). The documentation must also be approved by the OIG before the dollars will be included on the OIG's published report.*

When can I use the “Closed – Referral; No Response Necessary” Option?

This option is used when cases are referred to outside entities who do not follow-up about case resolution.

One example is when an SMP learns of a scam being attempted in their state, the SMP may alert the state Attorney General, the Federal Trade Commission (FTC), or the Better Business Bureau (BBB) to name a few. The SMP may not know of an actual victim of this scam, however, and may not be making a referral on behalf of a given individual. Instead, the SMP is making a referral for the purposes of protecting older adults and others; the referral is a preventative measure. This is an example of when the “Closed – Referral; No Response Necessary” option can legitimately be used.

Cases sent to the OIG via ACL as compromised Medicare numbers (suspected medical identity theft) can be closed with this action upon referral to ACL, as long as the compromised number is the **sole** aspect of the complaint.

What if I am unable to resolve a case?

When cases are referred by the SMP to an outside entity, the resolution process can take years. In those cases, resolution may be outside of the SMP's control (see Outcome 15 guidance below for more information). However, complex issues that are being managed by the SMP and have not been referred to outside entities for resolution should be suspended within 12 months of receipt if nothing more can be done. Select the "Suspended" option on the SMP Activity Log for the "Current Status of the Complex Issue."

Example:

- SMP needs additional information to resolve the case, such as the MSN or other paperwork from the beneficiary, but beneficiary or caregiver does not follow through and/or cannot be reached.

Outcome 15: What constitutes "complex issues pending further action?"

Research and investigation surrounding a complex issue often takes an extended period of time and can overlap semi-annual reporting periods. All complex issues received by the SMP that have yet to be "resolved" should have an "Open" status in SMART FACTS. Those cases will count on the OIG Report as complex issues "pending further action" irrespective of when they were received.

- Cases referred for further investigation may take years to investigate and resolve in court, for example. The SMP will have no choice but to leave the case open until notified later (perhaps even years later) of the outcome.
- Cases that are being managed by the SMP and have not been referred to an outside entity should not be left open longer than a year (see guidance in previous section).

Outcome 16: What constitutes "cost avoidance on behalf of Medicare, Medicaid, beneficiary, or other?"

All cost avoidance must be health care related. For example:

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

"Other" would include Supplemental Insurance or secondary payer cost avoidance.

Example scenario: A beneficiary receives a billing statement from a provider stating they owe for a service that was never rendered. The beneficiary contacts the SMP for guidance. The SMP instructs the beneficiary not to make that payment and offers contact the provider to explain the concern. The provider acknowledges the billing error as their mistake and sends the beneficiary a revised billing statement.

What are some examples of acceptable documentation for Outcome 16?

- Copy of original and revised billing statement (e.g., hospital or physician’s office) showing zero balance
- Letters from CMS contractor (ZPIC, PSC, MEDIC)
- Statement by OIG Hotline via ACL within SMART FACTS

Outcome 17A: What constitutes “Expected Medicare Funds Recovered” attributable to the project?

This amount represents expected 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.

When a CMS contractor or other federal entity identifies and confirms a Medicare overpayment, can it be counted in 17A? Do we have to wait until we know about the results of possible appeals before counting the dollars in 17A?

No. Identified overpayments to Medicare can be counted in 17A. SMPs do not have to wait for or seek the results of possible appeals.

Outcome 17B: What constitutes “Expected Medicaid Funds Recovered” attributable to the project?

This amount represents expected 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 involve cases that include participation by a Medicaid Fraud Control Unit or a law enforcement agency.

Outcomes 17A and 17B: What documentation is needed for “expected funds recovered attributable to the project?”

Any Medicare or Medicaid expected recoveries included on the OIG report must be attributable to the project, verifiable, and include the appropriate supporting documentation. If you report more than one type of expected recovery for a given case, your documentation must identify and verify each type.

Examples of acceptable documentation:

- The SMP has a copy of the questionable MSN, EOB, or other billing statement provided by the beneficiary or their representative. The case was resolved and the beneficiary or their representative later provides the SMP a copy of a corrected MSN or EOB.

- In response to a referral, a CMS representative or other entity responds with a letter, an email, or statement in SMART FACTS verifying that an overpayment was identified and specifying the amount.
- Identified overpayments constitute an expected recovery.
- A copy of a cancelled check, corrected hospital billing statement, or letter or check from other provider types.

For Outcomes 17A and 17B, do SMPs need to verify whether funds were actually returned to the Medicare Trust Fund (17A) and to Medicaid (17B)?

No. See above guidance for Outcomes 17A and 17B. The OIG has shifted the definition from “actual” to “expected” funds recovered.

Outcome 17C: What should I include as “savings to beneficiaries” on my report?

Savings to beneficiaries should be health care related and include situations where a beneficiary received reimbursement for, or was relieved from paying for, a health care service or product for which he/she was not responsible due to fraud, error, 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.

What should I submit as documentation of beneficiary savings?

Some examples of documentation include:

- The original bill/statement and a cancelled or corrected bill/statement
- A copy of a check for reimbursement of payment

OR, for savings under \$100

- A signed statement from a beneficiary (or their caregiver/representative) is adequate supporting documentation, if other documentation is unavailable. The \$100 threshold applies to an individual complex issue, not the aggregate complex issues for the reporting period.

Outcomes 16 - 17D: Cases with documented savings and expected recoveries should be closed

Cases with documented savings and expected recoveries must be closed on the SMP Activity Log or these dollars will not appear on the OIG Report. If you have only received partial documentation and are still waiting for the rest, keep the case open. Wait to enter the savings or expected recoveries into SMART FACTS until you have documentation to adequately support expected recoveries. The OIG will omit your dollars from these outcomes for any cases with inadequate supporting documentation. If documentation is unavailable, neither savings nor expected recoveries can be entered into SMART FACTS for Outcomes 16 – 17D.