

**DEFINITIONS AND INSTRUCTIONS FOR
COMPLETION OF THE STATE MEDICAID FRAUD CONTROL UNIT
QUARTERLY STATISTICAL REPORT**

General Instructions:

The completed report is due in the office of the State Medicaid Fraud Unit Oversight Division (MFUOD) of the Inspector General no later than 30 days after the end of the quarter being reported. Statistics being reported are to be based on case activities which occurred during the quarter. Caseload and personnel mix is to be reported as it was on the last day of the quarter.

For the purposes of this report, "fraud" cases include billing fraud and investigations of fraud in the administration of the Medicaid Program.

For reporting monetary judgments/recoveries for the Medicaid Program, the MFCU should include both the State and Federal portion of a recovery for the Medicaid Program. It is incumbent on the MFCU to, when appropriate, remind the State Medicaid Agency of its own obligation to report the Federal share of damages recovered for the Medicaid Program. Civil judgments and recoveries should be reported only when a case is finalized, with agreements executed by all parties, and, where necessary, court approved.

I. UNIT DESIGNATION

(1-1) State

Insert the State abbreviation.

(1-2) Federal Fiscal Quarter Ending

Date the end of the quarter being reported (12/31, 3/31, 6/30, and 9/30).

II. UNIT INFORMATION - PERSONNEL

(2-1) Staff (Current Total)

The total number of MFCU staff (the sum of 2-2, 2-3, 2-4 and 2-5) actually employed at the end of the quarter.

(2-2, 2-3, 2-4, 2-5)

The actual number of MFCU staff in each category during the quarter.

(2-6) Staff (Approved Positions)

The total number of MFCU staff authorized and approved under the grant (regardless of whether the position has been filled).

III NUMBER OF INVESTIGATIONS

- (3-1) Open Cases (Prior Quarter): Total number of open investigations as of the end date of the previous quarter.
- (3-2) New Cases (Current Quarter): Number of investigations opened for each category during the quarter.
- (3-3) Closed Cases (Current Quarter): Number of investigations closed for each category during the quarter (regardless of whether closed by conviction, judgment, referral, lack of prosecution, etc.).
- (3-4) Open Cases (Current Total): Total number of current open investigations for the quarter being reported (regardless of the date when these cases were actually opened).

IV. OPEN INVESTIGATIONS - BY PROVIDER TYPES

Indicate the total Number of Open Investigations for each provider type at the end of the reporting quarter.

Note: For the purposes of this report, cases are to be reported under the category which most aptly describes the prospective target/defendant, not the site where the offense occurred. For example, if a fraud investigation focuses on the billings submitted by a physician for services provided in a hospital ER, and the target is the physician, not hospital staff, the case would be counted under Medical Doctor (4-6), not hospital. Similarly, if a patient abuse investigation focuses on an assault by a Certified Nurse Aide (CNA), and not the activities of the long term care facility that hired or supervised the CNA, the case would be counted under CNA (4-30), not under the facility.

A. Fraud

Facilities: A public or private organization, corporation and/or institution that provides health care services in an institutional setting.

- (4-1) Hospitals
Any institution that meets the definition explained at 42 U.S.C. 1395(x).
- (4-2) Nursing Facility
A proprietary, non-profit or government sponsored institution that is a nursing facility as defined by CFR Title 42; *i.e.* licensed to provide skilled or intermediate care for individuals age 21 years or older, other than institutions for mental disease.

(4-3) Other Long Term Care

Any other residential setting which receives payment from or on behalf of two or more unrelated residents, and provides nursing or personal care services for residents, regardless of age of residents or reason residential care is necessary.

(4-4) Substance Abuse Treatment Centers

A facility that provides medically supervised withdrawal from a dependence on alcohol or drugs, and also provides counseling, crisis intervention, and ongoing clinical services.

(4-5) Other

Any facility that is not individually licensed as a hospital, long term care facility, or substance abuse treatment center, and which provides ambulatory health services such as but not limited to medical day care, community rehabilitation, and mental health services.

Practitioners: Persons practicing medicine or medical related professions, providing and billing for primary health care services.

(4-6) Physician /DO

A doctor of medicine or osteopathy licensed to provide medical care, regardless of specialty. Also may include partnerships or other formal organization of physicians.

(4-7) Dentist

One who is licensed by the State to provide professional dentistry services to individuals. Also may include partnerships or other formal organization of dentists.

(4-8) Podiatrist

One who is licensed by the State to provide professional podiatry services to individuals. Also may include partnerships or other formal organization of podiatrists.

(4-9) Optometrist/Optician

A person or organization that provides eye care services; including eye exams and provision of glasses/contact lens. Does not include ophthalmologists (include number in with 4-6).

(4-10) Counselor/Psychologist

A person or organization licensed by the State to provide mental health/support services. Does not include psychiatrists (include number in with 4-6). Depending on State licensure rules and Medicaid coverage, may include clinical psychologists, licensed counselors, licensed clinical social workers, etc.

(4-11) Chiropractor
A person or organization licensed by the State to perform chiropractic treatment.

(4-12) Other
Any other individual or organization practicing as a licensed primary health care provider who does not fall under the other categories listed.

Medical Support: An individual, facility, or organization, whether licensed or unlicensed that provides medical support services.

(4-13) Pharmacy
A person or organization operating a facility where medicine is compounded and dispensed, and includes pharmacists.

(4-14) Pharmaceutical Manufacturer
A manufacturer of medicines/controlled substances that bill to Federal funded health care programs.

(4-15) DME (Durable Medical Equipment and/or Supplies)
Persons or facilities that sells or leasing disposable and/or non-disposable medical equipment and/or supplies.

(4-16) Lab
A person or organization operating a facility performing examinations on tissue or matter extracted from the body, and provides diagnostic recommendations.

(4-17) Transportation
A person or organization that provides health-care related transportation services including emergency or non-emergency transport.

(4-18) Home Health Care Agency
An agency or organization providing non-emergency or non-critical care services to individuals in a group setting or home.

(4-19) Home Health Care Aides
Non-professionally licensed individuals providing homemaker, housekeeping or personal services to individuals, which are reimbursed by Federal funded health care programs. May also include in-home care providers, home health aides, personal care aides, and a relative (family member) care giver, etc.

(4-20) All Nurse/PA/NP
Individual providers of health care services, not otherwise listed, who are regulated by the State in some manner through professional licensure or registration. Includes RNs, LPNs, CNAs, Physician Assistants (PAs), Dental Hygienists and Nurse Practitioners (NPs), etc.

(4-21) Radiology

A person or organization (other than a radiologists who would be reported in 4-6) who provides X-ray, MRI, or other radiology/imaging services.

(4-22) Other

A person or agency providing medical support services not included in the other categories listed.

Program Related: A person or organization providing Medicaid-program related services.

(4-23) Managed Care

HMO, MCO or other organization/entity providing health care on an arranged, pre-paid fixed amount.

(4-24) Medicaid Program Administration

Organization or individual providing support services to Medicaid Program, or Medicaid Program employee.

(4-25) Billing Company

An organization or individual that prepares/submits health care claims for payment on behalf of a health care provider or providers.

(4-26) Other

Any other type of Medicaid program related services for which there is no appropriate category.

B. Abuse & Neglect

(4-27) Nursing Facility

A proprietary, non-profit or government sponsored institution that is a nursing facility as defined by CFR Title 42; i.e. licensed to provide skilled or intermediate care for individuals age 21 years or older, other than institutions for mental disease.

(4-28) Other Long Term Care

Any other residential setting which receives payment from or on behalf of two or more unrelated residents, and provides nursing or personal care services for residents, regardless of age of residents or reason residential care is necessary.

(4-29) Registered/Licensed Nurse/PA/NP

Includes licensed and registered nurses, physician assistants, and nurse practitioners that provide health care services, but does not include certified nursing assistants.

(4-30) Certified Nursing Assistant

Individuals other than registered and/or licensed nurses, who are certified and regulated by the State in some manner to provide health care services to individuals in residential settings. Depending on State law, may include certified nursing assistants, certified medical aides, etc.

(4-31) Home/Personal Care Aide

Non-professionally licensed/regulated individuals providing homemaker, housekeeping or personal services to individuals, which are reimbursed by a Federal funded health care program. May also include in-home care providers, home health aides, personal care aides, and a relative (family member) care giver, etc.

(4-32) Other

Any other type of provider of services for which there is no appropriate category.

C. Patient Funds

(4-33) Non-Direct Care

Non-direct care staff would include bookkeepers, administrators, comptroller, etc.

(4-34) Registered/Licensed Nurse/PA/NP

Includes licensed and registered nurses, physician assistants, and nurse practitioners that provide health care services, but does not include certified nursing assistants.

(4-35) Certified Nursing Assistant

Individuals other than registered and/or licensed nurses, who are certified and regulated by the State in some manner to provide health care services to individuals in residential settings. Depending on State law, may include certified nursing assistants, certified medical aides, etc.

(4-36) Other

Any other type of provider of services for which there is no appropriate category.

V. CRIMINAL CASE RESULTS

A. **Prosecution Actions - Criminal**

(5-1) Indicted/Charged

The total number of persons and/or organizations that had either criminal charges; indictments; complaints; informations; and/or arrest warrants filed against them.

Note: A case may be considered indicted/charged more than once if the offenses are not based on one or more connected acts or transactions. Submitting false claims over a period of time is considered connected acts, and may not be counted more than once. See State Fraud Policy Transmittal 90-2.

(5-2) Referred for Prosecution

The total number of cases investigated by the MFCU in which there is a determination made that probable cause exists to charge criminal violations; and the case is formally referred by the MFCU to another law enforcement agency (District Attorney, U.S. Attorney, etc.) for prosecution by attorneys outside the MFCU.

(5-3) Dismissed

The total number of cases in which, after charging, all formal charges were dismissed and the prosecution terminated. A nolle prosequi is a dismissal.

(5-4) Acquitted

The total number of individuals or organizations that were acquitted on all charges filed against them.

(5-5) Convicted

The total number of individuals or organizations convicted on all or some of the charges filed against them. Note: A conviction occurs when any of the conditions set out in 42 CFR 1001.2 is met, including:

- When a judgment of conviction has been entered against the individual or organization by a Federal, State, or local court, regardless of whether there is an appeal pending or whether the judgment of conviction or other record of criminal conduct has been expunged.
- When there has been a finding of guilt against the individual or organization by a Federal, State, or local court.
- When a plea of guilt or nolo contendere by an individual or organization has been accepted by a Federal, State, or local court.

- When the individual or organization has entered into a first offender program, deferred legal settlement, or other legal arrangement or judicially sanctioned program where judgment of conviction has been withheld.

(5-6) Other

This would include diversions that do not fall under the definition at 42 CFR 1001.2.

B. Criminal Cases - Outcomes

(5-7) Sentenced

The total number of defendants that a court sentenced during the quarter, that were the result of a previous conviction(s).

(5-8) Jail/Incarceration

The total number of defendants whose criminal sentence; includes any period of jail time or incarceration. Also includes those defendants that received work release or home detention.

(5-9) Other

The total number of defendants whose criminal sentence; includes additional, non-monetary terms other than incarceration. Includes also probation, deferred sentences, limits on future employment, limits on contact with certain individuals, etc.

(5-10) Fines Ordered

The total amount of money a defendant is sentenced by a court to pay as an assessed fine for committing an offense.

(5-11) Medicaid Restitution Ordered

The amount of money a defendant individual or organization is sentenced to pay as damages to the Medical Assistance Program.

(5-12) Investigative Costs Ordered

The total amount of money a defendant individual or organization is sentenced to pay the MFCU as reimbursement for the cost of the investigation and/or prosecution of a case.

(5-13) Other Ordered

The amount of money a defendant individual or organization is sentenced to pay as part of a criminal judgment, which is not already reported in 5-10, 5-11 or 5-12. May include restitution to victims other than Medicaid, penalties, interest, asset forfeitures, appointed counsel fees, or any other monies the defendant is ordered to pay.

(5-14) Total Ordered

The total amount of money defendants were ordered to pay in criminal cases (add 5-10 through 5-13).

VI. CIVIL AND ADMINISTRATIVE CASE RESULTS

A. Administrative Actions - Civil

(6-1) Program Suspensions

The number of individuals or organizations excluded by MFCU action, or referred by the MFCU, after investigation to the appropriate agency for exclusion from participating in a Federal or State sponsored program.

(6-2) Licensure Suspensions and Other Restrictions

The number of individuals or organizations who after MFCU investigation, were referred by the MFCU to a licensing board for suspension, restriction of practice, or limitation from part or all of their duties in the trade or profession, or who surrender their license as part of a MFCU action.

(6-3) Other Restrictions

The number of other administrative-related restrictions imposed on individuals or organizations through MFCU action, i.e. prohibitions on acting as a guardian/personal representative; prohibitions on accepting positions with non-profit organizations, etc.

(6-4) Number of Civil Judgments/Settlements

The total number of civil judgments, civil settlements, and pre-filing settlements obtained by the MFCU; during the reporting period in each category. Include also MFCU State settlements obtained through a global case. Settlements are to be reported only when finalized (or when approved by a court).

B. Civil Cases - Outcomes

(6-5) Medicaid Program

The amount of money a defendant individual or organization must pay in actual damages to the Medicaid Program as a result of a civil settlement, judgment or pre-filing settlement; also includes the amount allocated as Medicaid Program damages from a global case.

(6-6) Investigative Costs

The total amount of money a defendant individual or organization must pay the MFCU as reimbursement for the cost of the investigation and/or prosecution of a case, as a result of a judgment or settlement of a civil case.

(6-7) Other Recoveries

The amount of money a defendant individual or organization must pay as part of a civil settlement/judgment or pre-filing settlement, which is not already reported in 6-5 or 6-6. May include restitution to programs other than Medicaid, penalties, interest, or any other monies the defendant is ordered to pay.

(6-8) Total Recoveries

The total amount of money ordered to be paid from civil cases or settlements (add 6-5 through 6-7).

(6-9) Overpayments Identified

The total amount of money identified as a Medicaid overpayment from an MFCU investigation, which is not recovered through a prosecution or civil settlement/judgment, but is referred to the Medicaid agency for recoupment/recovery.

VII. COLLECTIONS

(7-1) Criminal Cases (Current Quarter)

Monies actually collected on MFCU criminal judgments during the quarter.

(7-2) Civil Cases (Current Quarter)

Monies actually collected on MFCU civil judgments, settlements and pre-filing settlements during the quarter.

VIII. REFERRALS

A. Received From:

Enter the number of referrals received from the listed agencies, by category, where some investigative or legal review or action was undertaken by MFCU staff. Would include also cases that were opened for formal investigation and/or prosecution.

B. Referred To:

Enter the number of referrals the MFCU made to the listed agencies, by category.

C. CMPL/Sanction Referrals to OIG:

Enter the total number of MFCU referrals made to HHS/OIG for possible CMPL or sanction action.

IX. COMMENTS

This section is designed to clarify or explain further anything the MFCU considers necessary or appropriate. Please reference the comments to section numbers and items on the report.