

Program Integrity Questionnaire

This questionnaire explores the medical assistance program fraud investigation process, including investigator and staff training, written policy and benchmarks, mandatory reporting, and overpayments

Some questions may have multiple parts, so please be sure to answer each part. Please be thorough and detailed in your responses.

* Indicates required question

1. Email *

2. Organization name: *

3. Your name and title: *

Program Integrity Unit

In this section we'll be asking questions about your member fraud procedures. In the event that a question is not applicable to your particular Eligibility Site please answer with N/A or O when appropriate.

- 4. Please describe the makeup of your investigation unit (including number of employees and their titles). If you do not have an investigation unit, please explain who on your team would investigate a fraud referral. *

- 5. Do your fraud investigators have access to CBMS? *

Mark only one oval.

- No *Skip to question 6*
- Yes *Skip to question 7*

Fraud Investigators who do NOT have access to CBMS

- 6. Who assists the investigators with conducting CBMS research for their investigations? *

Fraud Investigators who do have access to CBMS

- 7. If fraud investigators do have access to CBMS, what changes are they allowed to make in CBMS? *

Separation of Duties

8. Is there a separation of duties between fraud investigators and eligibility technicians? *

Mark only one oval.

Yes Skip to question 10

No Skip to question 9

Separation of Duties

9. How do you ensure each case is reviewed impartially? *

Program Integrity Processes

In this section we'll be asking questions about your program integrity processes. In the event that a question is not applicable to your particular Eligibility Site please answer with N/A or O when appropriate.

10. Do you have a documented conflict of interest policy? *

Mark only one oval.

Yes

No

- 11. Do you have a documented internal controls that explain your site's process and procedures for fraud investigation referral from the beginning of the investigation to its conclusion? *

Mark only one oval.

Yes

No

- 12. Please provide a copy of program integrity process and procedures.

Files submitted:

- 13. Describe your eligibility site's investigation process and include the following steps: Referral, Investigation, and Closing. *

- 14. What is your eligibility site's procedure if a member fails to cooperate or refuses to cooperate with a fraud investigation? *

15. How does your eligibility site safeguard against internal fraud? (Please provide specific trainings, policies, and oversight used). *

16. What is your process for submitting the Annual Activities for Client Fraud report? *

17. What do you do if there is no investigation activity to report? *

Training

In this section we will be asking questions about the training provided to staff related to member fraud. In the event that a question is not applicable to your Eligibility Site please answer with N/A or O when appropriate.

18. Are your site's fraud investigators required to attend any Medical Assistance program training? *

Mark only one oval.

- Yes
- No
- N/A

19. Please provide a list of the program training(s) investigators have attended in the past 12 months. *

Benchmarks

20. Do you have any required quotas or benchmarks for your investigators? *

Mark only one oval.

- Yes Skip to question 21
- No Skip to question 22

Benchmarks

21. Please explain quota expectations and/or benchmark process for investigators at your eligibility site. *

Overpayments

In this section we will be asking questions about how your Eligibility Site handles overpayments. In the event that a question is not applicable to your particular Eligibility Site please answer N/A or O when appropriate.

22. What is your approach if the overpayment was no fault of the client (for example agency error)? *

23. What is your site's process for determining which cases are referred for criminal prosecution? *

24. List all recovery methods utilized by your site to collect on medical assistance overpayments from members (ex. promissory notes/payment plans, referrals to collection agencies, wage garnishments, liens, etc.) *

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