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.

1. General Information
    a. Email
    b. Organization Name
    c. Name & Title

2. 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 0 when appropriate.
    a. 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.
    b. Do your fraud investigators have access to CBMS?
        i. No (skip to question 2.c)
        ii. Yes (skip to question 2.d)
    c. Who assists the investigators with conducting CBMS research for their investigations?
    d. If fraud investigators do have access to CBMS, what changes are they allowed to make in CBMS?
3. Separation of Duties
    a. Is there a separation of duties between fraud investigators and eligibility technicians?
        i. Yes (skip to question 3.c)
        ii. No (skip to question 3.b)
    b. How do you ensure each case is reviewed impartially?
    c. Do you have a documented conflict of interest policy?
        i. Yes
        ii. No

d. Do you have documented internal controls that explain your site's process and procedures for fraud investigation referral from the beginning of the investigation to its conclusion?
    i. Yes
    ii. No
e. Please provide a copy of program integrity process and procedures (file upload section)
f. Describe your eligibility site's investigation process and include the following steps: referral, investigation, and closing.
g. What is your eligibility site's procedure if a member fails to cooperate or refuses to cooperate with a fraud investigation?
h. How does your eligibility site safeguard against internal fraud? (Please provide specific trainings, policies, and oversight used)>
i. What is your process for submitting the Annual Activities for Client Fraud report?
j. What do you do if there is no investigation activity to report?

4. Training

a. Are your site's fraud investigators required to attend any Medical Assistance program training?
    i. Yes
    ii. No
    iii. N/A
b. Please provide a list of the program training(s) investigators have attended in the past 12 months.

5. Benchmarks

a. Do you have any required quotas or benchmarks for your investigators?
    i. Yes (skip to question 5.b)
    ii. No (skip to question 6.a)
b. Please explain quota expectations and/or benchmark process for investigators at your eligibility site.

6. Overpayments

a. What is your approach if the overpayment was no fault of the client (for example agency error)?
b. What is your site's process for determining which cases are referred for criminal prosecution?
c. 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.)