

| OIG Performance Measures - Site: State SMP |   |                     |
|--|---|---------------------|
|  | SMP Performance Measures  | Reporting Period    |
|  | OUTCOMES  | Selected Date Range |
| 1.   | Total number of active volunteers   | 0                   |
| 2.   | Total number of volunteer training hours  | 0.00 hrs.           |
| 3.   | Total number of volunteer work hours  | 0.00 hrs.           |
| 4.   | Number of media airings   | 0                   |
| 5.   | Number of community outreach education events conducted                           | 0                   |
| 6.   | Estimated number of people reached by community outreach education events         | 0                   |
| 7.   | Number of group education sessions for beneficiaries                              | 0                   |
| 8.   | Number of beneficiaries who attended group education sessions                     | 0                   |
| 9.   | Number of one-on-one counseling sessions held with or on behalf of a beneficiary  | 0                   |
| 10.  | Total number of simple inquiries received   | 0                   |
| 11.  | Total number of simple inquiries resolved ( percentage of total number received ) | 0(0%)               |
| 12.  | Number of complex issues received   | 0                   |
| 13.  | A.) Number of complex issues referred for further action                          | 0                   |
|  | B.) Total dollar amount referred for further action                               | \$0.00              |
| 14.  | Number of complex issues resolved   | 0                   |
| 15.  | Number of complex issues pending further action                                   | 0                   |
| 16.  | Cost avoidance on behalf of Medicare, Medicaid, Beneficiary, or Other             | \$0.00              |
| 17.  | A.) Actual Medicare funds recovered attributable to the project                   | \$0.00              |
|  | B.) Actual Medicaid funds recovered attributable to the project                   | \$0.00              |
|  | C.) Actual Savings to beneficiaries attributable to the project                   | \$0.00              |
|  | D.) Other savings attributable to the project (e.g. supplemental insurance)       | \$0.00              |