



## OIG Report Webinar January 20, 2011

### Speakers:

Barbara Dieker, AoA

David Rudich, OIG

Ginny Paulson & Heather Flory, The Center



## AoA Overview: 2009 OIG Report Results and SMART FACTS Data Value and Integrity

Barbara Dieker, AoA

## Integrity of SMP Data

- Last year, The Center assisted AoA and SMPs by providing an evaluation of SMP data to improve data integrity.
  - Determine discrepancies, inconsistencies and potential errors—to improve consistency and reliability of OIG data
  - Identify outliers in performance—to evaluate compliance with AoA cooperative agreements
- This year the Center has provided SMPs with the tools needed to perform this data analysis themselves.
- SMP analysis of SMART FACTS OIG report data and resolution of discrepancies PRIOR to report deadline.



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American Medical News [www.amednews.com](http://www.amednews.com)  
**"Campaign against health care fraud questioned"**  
 By [Alicia Gallegos](#). Posted Jan. 18, 2011.

"It is important that all government-funded programs be able to show the results of the taxpayers' investment," Dieker said. "Today, government programs must be able to document their value -- both that which is quantifiable and also the stories that provide a qualitative perspective -- for those who must make the hard choices about how best to allocate precious federal dollars."



## Definition of an SMP Volunteer

*From: SMART FACTS Manual, Appendix C, p. 1 & 3*

### Who IS and IS NOT eligible to be an SMP volunteer?

- An SMP Volunteer **IS** someone who:
  - Donates his/her time to the SMP;
  - Is trained by the SMP to perform SMP work;
  - Performs SMP work during his/her own personal time and does not get paid by anyone for the time spent performing this work.
- An SMP Volunteer is **NOT**:
  - Fully or partially paid through SMP funds (Ex: SMP staff/contractors)
  - Partnering or collaborating with the SMP as part of their employment (Ex: AAA staff, visiting nurses, Sr. Center director)



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## Definition of an SMP Volunteer, *continued*

*From: SMART FACTS Manual, Appendix C, p. 1 & 3*

- **HOWEVER.....**
  - Individuals who are NOT volunteers (partner, individuals paid by other organizations, etc.), may provide MATCH for your SMP grants.
- For further questions about grants match, contact your AoA Grants Management Specialist.
- For questions about eligible volunteers for purposes of SMP volunteer training, SMART FACTS, and OIG Report data, contact the SMP Resource Center.



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## Number of Active SMP Volunteers in 2010



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## Media Airings Definition

*From: SMART FACTS Manual, Appendix C, p. 1*

- 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.
- **NOT** the potential number of people in the audience for the media airing.
- See Appendix C, p. 3 – 4 for more information and examples.



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## Number of Media Airings in 2010



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## Simple Inquiries Resolved

- Typically the percentage of Simple Inquiries resolved has been very high (98-99%), and has been a “quick win” for SMPs.
- As of February 2010, when changes were made to SMART FACTS to allow for batch entry of Simple Inquiries, SMPs must now enter the “Number of Simple Inquiries Resolved” for data to appear correctly for Outcome #11.
- If the number of simple inquiries resolved is not entered, the default is “0”. This results in the percentage of simple inquiries resolved showing much lower than it should.



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## Number of Simple Inquiries resolved in 2010



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## Priority Performance Measures: “Beneficiaries Educated”

- Sole HHS Performance Measure
- Includes total of:
  - Number of beneficiaries who attended group ed sessions (#8A)
  - Number of one-on-one counseling sessions (#9)
  - Number of simple inquiries (#10)
  - Number of complex issues (#12)
- Indicative of SMP level of effort—activities conducted
- Most cited indicator—“how many individuals has the SMP Program educated to “Protect, Detect, and Report”?”
- SMPs have even greater control over this indicator than other monetary outcome measures
- Increasing this indicator of outreach is particularly important, particularly with expanded funding.



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## Number of “Beneficiaries Educated”

- 2009 Target: 316,000
  - Result: Under target
- 2010 Goal: 320,000 (data available 1/31/11)
- 2011 Goal: SMP projects will increase the number of beneficiaries educated over FY 2010 beneficiaries educated.



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## Priority Performance Measures, *continued* “Dollars Referred” (OIG Outcome 13B)

- Though this measure is was not the priority HHS measure selected for 2011, it is highly regarded by AoA, CMS, and professionals in the field of program evaluation.
- Strengths of this measure:
  - Results are within the realm of SMP control (are not dependent upon the receipt of documentation from investigative entities)
  - It is a financial measure, which gets people’s attention
- Note: In this measure, the term “Dollars Referred” includes any sum that is being questioned by a complainant and is thus “referred” to the SMP for resolution. (See Appendix C of the SF Manual)



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## Clarification about Dual Reporting

- The SMP 3-year base grants and the FY2011 SMP Expansion Grants are separate grants.
- Reporting Requirements to AoA:
  - Two separate semi-annual grant report narratives
  - Two separate final grant report narratives
  - Two separate grant financial reports
- Reporting to the OIG:
  - **ONE** SMP Performance Report.
  - All SMP outcomes, regardless of funding stream, are entered into SMART FACTS seamlessly.
  - AoA and CMS are interested in upward trends in OIG outcomes overall, not separated outcomes by funding stream.



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## Clarification: AoA Documentation Requirements

- In the January mentor call, SMPs asked about AoA's requirements regarding paper documentation to back up the data entered into SMART FACTS.
- AoA does **not** have a policy governing documentation in support of data entered into SMART FACTS.
  - The OIG requires documentation for outcomes 16 – 17D, however
- AoA **does** have a policy governing grantee storage of documentation related to grantee financial report.
  - SMPs should contact their AoA Project Officer or AoA Grants Specialist for guidance about documentation requirements related to SMP financial reports



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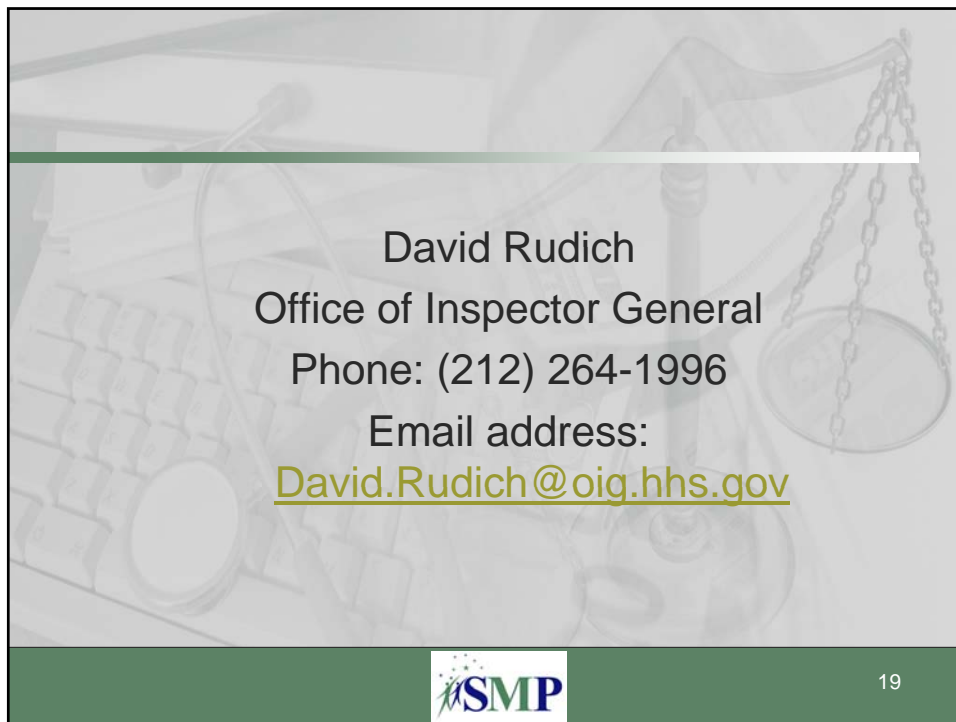
## SMART FACTS; Required Documentation

- SMP Cooperative Agreements outline AoA's expectation that SMPs will use SMART FACTS to capture outcomes.
- SMART FACTS is designed to capture SMP outcomes in "real time" if users choose to do so; however, SMPs may also capture data on paper forms for later entry into SMART FACTS.
- The OIG requires paper documentation to prove the data entered for savings and recoveries (outcomes 16 – 17D).
- AoA and the OIG reserve the right to inquire about the authenticity of any outcome. It is left up to the discretion of each SMP to determine how they wish to affirm the authenticity of their data, if asked.




## Overview of Preliminary 2010 OIG Report Data

David Rudich, OIG



David Rudich  
Office of Inspector General  
Phone: (212) 264-1996  
Email address:  
[David.Rudich@oig.hhs.gov](mailto:David.Rudich@oig.hhs.gov)




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## May 2010 OIG SMP Memorandum Report: Highlights Since 1997

- Over 2.8 million beneficiaries attended group education sessions
- Over 1 million one-one counseling sessions
- Over 1.2 million media outreach activities and 68,000 community outreach education events
- \$4.6 million Medicare Dollars Recovered
- Almost \$106 million in Total Savings

Link to the Report:  
<http://www.smpresource.org/Content/NavigationMenu/ResourcesforSMPs/OIGReports/OIGPerformanceReport.pdf>



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## May 2010 OIG SMP Memorandum Report: Highlights 2009

- Trained over 4,400 active volunteers
- Achieved over 300,000 media airings
- Over 13,000 community education and group education events conducted
- 59,938 simple inquires resolved out of 60,242 received.
- Over \$3.7 million involving inquiries with complex issues that were referred for further action.
- Combined over \$640,000 for actual Medicare Dollars recovered and cost avoidance savings attributable to the projects in 2009



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## January –June 2010 Performance Period Highlights

- Over 3,300 active volunteers
- Over 30,000 community outreach and group education events conducted as well as one-on-one counseling sessions held
- Over 37,000 simple inquiries resolved (75%)
- Over \$620,000 referred for further action based on complex issues received



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## Comparison of the First Six Months of 2010 to 2009 Performance Period

- Active Volunteers-3,332 compared to 2,805
- Number of group education sessions for beneficiaries- 3,490 compared to 3,612
- Number of one-on-one counseling sessions held- 26,769 compared to 15,336
- Number of inquires involving complex issues received- 1,277 compared to 1,636
- Cost Avoidance - \$172,271 compared to \$189,115
- Actual Medicare funds recovered- \$299.25 compared to \$2,738



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## July-December 2010 and All of 2010

- OIG will go directly into SMART FACTS to retrieve the SMPs OIG Report.
- SMPs **do not** need to send the OIG report by mail, email or fax
- Due Date for the July-December 2010 and All of 2010 SMP Performance Reports including all appropriate documentation (Performance measures 16 and 17A-D) should be ready for my retrieval in SMART FACTS **by Monday January 31, 2011.**



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## OIG Report 2010 – Key Dates

- Email Sent on January 3, 2011 to all SMP Grantees informing them about the July-December 2010 OIG Performance Report and entire 2010 Period Due
- Reminder email the last week of January 2011
- Encourage all SMPs to complete all inputting of data for the entire 2010 Performance Year ASAP.
- \*If you think you will not have your OIG report ready for my retrieval in SMART FACTS on January 31st, please contact prior to the due date by email and provide an explanation in writing.



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## First Semi-Annual Report Retrieval

SMART FACTS Operations Manual, Chapter 7, Pgs 19-23

### Rationale

- Look for overall trends nationwide
- Target technical assistance to SMPs, as needed
- Discover areas of needed improvement within the reporting system as a whole.
- Analyzing the data mid-year provides time to find and correct any misunderstandings and make system improvements prior to the end of the calendar year.



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## Second Semi-Annual Report Retrieval

SMART FACTS Operations Manual, Chapter 7, Pgs 19-23

### Rationale:

- Retrieval of 12 months of data will ensure greater accuracy, and avoids overlapping figures in certain OIG measures. For example, Total Active Volunteers.
- Used to compare 12 months reports to the two 6-month reports as an additional quality check, keeping in mind some of these overlapping performance measures



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## Changes to Report Format for 2010 OIG Report

- OIG produces a report for the entire 2010 performance period.
- On July 16, 2010, the Deputy Secretary of AoA sent a letter to the Inspector General, HHS.
- AoA proposed changes in the report format or measures for the 2010 OIG Report



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## Changes to Report Format for 2010 OIG Report, *continued*

- The changes are as follows:
  1. Provide full year data and not break out by two 6-month columns (January – June and July –December). AoA wants to show only annual totals
  2. Remove the existing 17B-D: Total savings to Medicaid, beneficiaries and other payers” from the Summary of Performance since 1997.
  3. Delete Outcomes 8B-D as performance measure in 2010. AoA will no longer require that SMPs collect survey data after group educational presentations. SMPs use of the surveys were optional, and will no longer be appropriate as a program measure



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## Changes to Report Format for 2010 OIG Report, *continued*

- On October 4, 2010, the Inspector General responded to AoA's letter stating that we will implement the changes when we publish the report for 2010.
- In addition, AoA letter requested that OIG continue to support AoA's efforts to evaluate and improve the performance of the SMP program through the collection and reporting of SMP project data. The IG responded by saying that we would be happy to continue this partnership and assistance to AoA.
- Next report due out in Spring (May 2011)



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## Cost Avoidance and Recovery Documentation

David Rudich, OIG

### Acceptable Documentation

#### Examples of documentation for Medicare, Medicaid or Beneficiary Dollars recovered include:

- Letter from contractor or investigative agency (i.e. PSCs, MEDICs, ZPICs or maybe CMS)
- A copy of a cancelled check or corrected hospital billing statement, or from another provider-type
- **\*\*\*Only for 17c** "Dollars recovered at the beneficiary level"- acceptable documentation can be a statement signed by the beneficiary if for cases under \$100.00. A cancelled check or statement is not needed in this situation if its unavailable.



## Acceptable Documentation, *continued*

- If not supportable, do not put those dollar figures into SMART FACTS. These cases can roll-over to the next year so you can get credit the next period.
- Reminder: \*For all dollar amounts reported in performance measures 16 and 17A-D should have accompanying documentation to support it.
- Before Jan. 31<sup>st</sup>, make sure you have accounted for documentation for all of the dollar amounts cited in the report especially if the \$ amounts represents multiple cases.
- **Please upload all documentation in either word or PDF format only.**



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## Reminders

- Cross Check your OIG Report from SMART FACTS against your own records/documentation for any discrepancies. Ginny and Heather have emphasized this in their training with you all. This is your responsibility. Please refer to the Data Accuracy Checklist.
- Provide documentation to support proof of cost avoidance or recovered dollars only- **(Reminder—Due with OIG report on January 31st, 2011)**
- Nothing should be sent to me except documentation on cost recoveries or avoidances that could not be scanned and uploaded into SMART FACTS.
- DO NOT send larger narratives of the cases, but just what's specific to the recovery or cost avoidance. Feel free to contact me prior to the due date and we can go over what documentation is appropriate.



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## Cost Avoidance

- Definition of Cost Avoidance: Based on the work of SMP, a provider or beneficiary was not subject to a payment. There was no actual payment made. This is the difference between performance measure 16 versus cost recoveries in 17A-17D.
- Documentation includes, letters or cases from CMS or an investigative agency (i.e. PSC, ZPICs, MEDIC) showing that the work from the SMPs led to significant cost savings to the Medicare, Medicaid, etc. or health care programs without the recoupment of dollars back to the Trust Fund.
- Documentation- No general summary or signed beneficiary statement is sufficient for this performance measure.
- Example: Copy of the revised billing statement showing a zero balance is sufficient documentation for cost avoidance.



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## Cost Avoidance Examples

- Examples of 2 Acceptable and 1 Unacceptable Documentation for Cost Avoidance savings to follow on next slides...



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# Acceptable Documentation Ex-1

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FEBRUARY 04, 2009  
453059

Debtor: [REDACTED]  
Account #: 3020586  
Amount Due: \$1,372.39

**NOTICE OF DEBT**

Dear [REDACTED],

Please be advised that this office has been retained by International Portfolio, Inc. for resolution of the above listed account(s). International Portfolio, Inc. purchased your account(s) from [REDACTED]. The records and information received from our client indicate that you have an outstanding debt in the amount shown above owed to International Portfolio, Inc. [REDACTED] for medical services provided to you.

Payment relating to this account may be made by forwarding funds, along with the detachable identification coupon that is attached to the bottom of this page, in the enclosed response envelope. Payment may be in the form of a personal check, cashier's check or money order made payable to [REDACTED], LLP. To pay online by credit card, go to [www.lgbswebpayments.com](http://www.lgbswebpayments.com) and use client code DNP1LV1.

Unless, within thirty days after receipt of this notice, you dispute the validity of the debt or any portion thereof, we will assume the debt to be valid. If, within thirty days after your receipt of this notice, you notify us in writing that the debt or any portion thereof is disputed, we will obtain a verification of the debt or a copy of a judgment, if any, and we will mail to you a copy of such verification or judgment. If the original creditor is different from the creditor named above, then upon your written request within thirty days after the receipt of this notice, we will provide you with the name and address of the original creditor.

This firm is a debt collector. We are attempting to collect a debt and any information obtained will be used for that purpose. At this time, no attorney with this firm has personally reviewed the particular circumstances of your account.

Very truly yours,  
[REDACTED]

PLEASE SEE COUPON REVERSE FOR SPECIFIC ACCOUNT BREAKDOWN.  
\*\*\*Detach Lower Portion and Return with Payments/Credit Card Information on the Reverse Side of the Stub\*\*\*

Date	Account Number	Amount Due	Amount Enclosed
FEBRUARY 04, 2009	3020586	\$1,372.39	

To pay online by credit card, go to [www.lgbswebpayments.com](http://www.lgbswebpayments.com) and use client code DNP1LV1.

SEND ALL PAYMENTS AND CORRESPONDENCE TO:  
[REDACTED]  
[REDACTED]

78265

#BXNKRYE  
#302058630259M  
[REDACTED]  
[REDACTED]

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# Acceptable Documentation-Ex 1, continued

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X January 27, 2009

New Mexico Aging and Long Term Services Department  
State Health Insurance Program  
Attn: Ms. Buffle Saavedra, NM SHIP Director  
2550 Corrillos Rd  
Santa Fe, NM 87505

RE: Response to, "Medicare Complaint-[REDACTED], Acct #3020586".

Please accept this as our response to the above complaint provided on behalf of [REDACTED]. Recently, Lovelace transferred ownership of patient bill accounts that were more than a year and half old to a third party collection agency. Due to an oversight by our staff during the insurance processing, this account was inaccurately transferred to this company. [REDACTED] and [REDACTED] has worked diligently to correct this mistake. The account has been corrected and closed, there is no outstanding debt.

We regret any inconvenience that this has caused and truly apologize. We are committed to providing excellent service; and are happy this issue was resolved. Thank you for your inquiry and allowing us the opportunity to correct this error.

Sincerely,  
[Signature]  
[REDACTED],  
Director, Central Business Office Quality Assurance

Cc: Josie Martinez

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## Acceptable Documentation-Ex 1, continued

Apr. 9. 2009 4:52PM Lovelace CEO Vo. 0190 P. 2

**Lovelace**  
Health System

4111 The 23 Way NE Ste. 100  
Albuquerque, New Mexico 87109

04/09/2009

J. [REDACTED]  
[REDACTED]  
[REDACTED]

Re: Account # 3020566

Dear [REDACTED],

Thank you for contacting our office to discuss your account. After review of your account, it was determined there was no outstanding debt. Your account has been closed with ~~Lushaga, Lopez, Guzman & Company, LLP~~. Also, ~~Lushaga, Lopez, Guzman & Company, LLP~~ does not report accounts to any credit bureaus.

We are committed to providing excellent service; and apologize for any inconvenience to you. If you have any questions or concerns please feel free to contact [REDACTED] at 505-396-2600 and we will be happy to discuss this matter further. Thank you for your inquiry and allowing us the opportunity to correct the problem. We appreciate your business.

Sincerely,  
[Signature]  
Director, Central Business Office

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## Acceptable Documentation Ex-2

RECONSTRUCTION, P.A. 560 826 4852 MEDICAL BILL ASSOCIATION @ 002  
PO BOX 1547 [REDACTED] [REDACTED]  
SEBALIA, MO 65302-1547

Business Phone (800) 833-1895  
Office Hours 8AM TO 5PM CST

STATEMENT

Statement Date: 06/02/2009 Balance Due: 0.00 Account #: HBA2385

Minimum Payment: 0.00 Show Amount Paid Here: \$

Responsible Party: [REDACTED]

Bill To: HELENA RADIOLOGY, INC  
PO BOX 1547  
SEBALIA, MO 65302-1547

Please check box if address is incorrect or duplicate information has changed, and indicate the change(s) on reverse side. Please detach and return top portion with your payment.

Date	Ref #	Description	Charges and credits	Insurance pending	Outstanding balance
05/24/2006		Claim to MEDICARE ARKANSAS	-26.06		
05/26/2006		Ref # 12790239 from MEDICARE ARKANSAS	-1.71		
05/09/2006		Contractual write off	-6.01		
05/09/2006		Ref # 15818141 from PHYSICIANS MUTUAL			
05/08/2006		Guarantor Responsibility	31.30		
02/15/2007	77057	Mammogram, screening			
03/27/2007		Claim to MEDICARE ARKANSAS			
04/19/2007		Ref # 127790283 from MEDICARE ARKANSAS	-26.04		
04/23/2007		Ref # 17154130 from PHYSICIANS MUTUAL	-6.28		
04/25/2007		Guarantor Responsibility			
11/02/2007	73560	X-ray exam of knee, 1 or 2	7.74		
11/19/2007		Claim to MEDICARE ARKANSAS			
12/14/2007		Ref # 12790239 from MEDICARE ARKANSAS	-5.10		
12/18/2007		Ref # 179655261 from PHYSICIANS MUTUAL	-1.55		
12/18/2007		Guarantor Responsibility	31.78		
02/15/2008	77057	Mammogram, screening			
03/20/2008		Claim to MEDICARE ARKANSAS			
04/11/2008		MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED			
01/08/2009		Claim to MEDICARE ARKANSAS			
01/21/2009		MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED			
02/05/2009		Claim to PHYSICIANS MUTUAL			
02/05/2009		POLICY DOES NOT COVER DEDUCTIBLE			
04/16/2009		Claim to MEDICARE ARKANSAS			
04/29/2009		MAXIMUM FOR THIS TIME PERIOD HAS BEEN REACHED			
05/29/2009		Non Covered Service			
		Total for patient: PETTY, BMMA	0.00		

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## Acceptable Documentation Ex-2, continued

Business Phone (800) 933-1995 Fax Home 8AM TO 5PM CST		Statement Date 06/02/2009 Balance Due 0.00 Minimum Payment 0.00 Other Amounts Paid Here 0		Account # HRA2285 Domestic HELENA RADIOLOGY, INC PO BOX 1347 HEDALIA, MO 6502-1347		
Responsible Party: [Redacted] 72390-						
Please check box if address as insured or insurance information has changed, and indicate the change(s) on reverse side.						
<b>STATEMENT</b>						
Please detach and return top portion with your payment.						
Date	Ref #	Description	Charges and credits	Insurance pending	Guarantor balance	
Total due 0.00						
Insurance Pending	Current	over 30 days	over 60 days	over 90 days	over 120 days	Total
0.00	0.00	0.00	0.00	0.00	0.00	0.00
0.00	0.00	0.00	0.00	0.00	0.00	0.00
Account # HRA2285 HELENA RADIOLOGY, INC						
Please pay this amount *** 0.00						
Page # 3						
RECEIVED 06-02-2009 01:46PM FROM-60 826 4892 TO-DAAS PAGE 003						

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## Un-Acceptable Documentation

**Kansas Gastroenterology, LLC** **STATEMENT OF ACCOUNT**

ACCOUNT # 630672 INVOICE # 121668797 BILLING DATE 01/11/09

Detail for Patient: #239887 VERTIE TOMLIN

DATE	CLINIC	PROVIDER	PROCEDURE CODE	DESCRIPTION	CHARGES	CREDITS	INSURANCE BALANCE	PATIENT BALANCE
20/2007			4578	COLONOSCOPY DIAGNOSTIC	850.00		0.00	811.05
07/2008				INSURANCE PMT - COMMUNITY CARE HEALTH		0.00		
07/2008				INSURANCE W/O - COMMUNITY CARE HEALTH		315.75		
24/2007				INSURANCE PMT - COMMUNITY CARE HEALTH	209.00	23.20		
07/2008				REVERSAL - INSURANCE W/O	381.00		0.00	0.00
04/2007				INSURANCE W/O - COMMUNITY CARE HEALTH		321.00		
					559.2			

4045  
Called 1/23 Wed  
N00015359  
Explanation of Benefits  
3R 6/05  
401.60

Page 1 ACCOUNT BALANCE 611.05

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## Un-Acceptable Documentation, *continued*

March 18, 2008

To: ██████████

From: ██████████

I received this statement from Central State Recovery the day of your conversation. As you can see the amount due has changed. To date I have not received an explanation of benefits from my insurance provider or statement from Kansas Gastroenterology that reflect the amounts due on statements from CSR.

Thank you,

██████████



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## Explanation of cost avoidance from last OIG report

If a beneficiary discovers charges for services he or she did not receive and the project, on behalf of the beneficiary, receives a revised billing statement from the provider, the project can report this as cost avoidance.

(Source: Memorandum Report: Performance Data for the Senior Medicare Patrol Projects: May 2010 Performance Report, OEI-02-10-00100)



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## Contacts

- AoA
- The Technical Resource Center
- Social Solutions
- OIG
- Other SMPs
- ACs, PSCs and MEDICs for documentation issues



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## Resources and Updates from The Center

Ginny Paulson and Heather Flory,  
SMP Resource Center

## SMART FACTS Updates

- Group Education Surveys; Outcomes 8B – 8D
  - Still in SMART FACTS but will be removed after January 31<sup>st</sup>
  - Will not be published in May, 2011 OIG Report
- Outcome #4
  - Published OIG Report will continue to use term “Media Airings”
  - Language on SMART FACTS version of the report will be edited accordingly after January 31<sup>st</sup>.
- May remove batch option for simple inquiries



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## Outcome #14; Closing Referred Cases

- Appendix C has specific guidance about closing cases that have been referred
- SMPs are required to keep cases open that have been referred to CMS Program Integrity Contractors or CMS Regional Offices until follow-up information is available.
  - There are two closed options for this type of referral:
    - Action Taken By Referrent” and
    - No Action Taken By Referrant



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## Case Status Clarification: “Closed – Referred; No Response Necessary

- Dilemma: Some referrals to non-CMS Contractors will not yield a follow-up response
  - Example: Scam reported to State AG or FTC where there isn't a confirmed victim being assisted by the SMP
  - The “No Response Necessary” option has been used for this type of case
- See revised Appendix C for written guidance about using this status option.
- Center will edit the phrasing in SMART FACTS by July, 2011. No historic data will be lost.



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## Clarification on Resolution: Outcomes 16-17D, Cost Avoidance, Recovery, & Other Savings

- Any case with dollars entered for outcomes #16 - #17D must be closed.
  - If you are waiting for documentation, keep the case open; you can get credit for outcomes 16 – 17D in the subsequent year
  - It is more important to wait for the documentation than to close the case in a hurry. (The turtle wins the race!)
  - Contact Ginny for technical assistance, if needed



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## Clarification on Resolution, Outcome 11: Number of Simple Inquiries Resolved

- Demonstration
  - SMART FACTS
  - OIG Report resources on [www.smpresource.org](http://www.smpresource.org)



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## Resources available from The Center:

[www.smpresource.org](http://www.smpresource.org)

- *Resources for SMPs > Training > OIG Reports Training*
  - OIG Report Accuracy Checklist
    - Data Accuracy Checklist
    - OIG Report Definitions and Guidance (Appendix C)
    - Data Analysis Worksheet
    - Steps for generating an OIG Report
  - OIG Reports Training Materials
    - Job Aides: Flat File Reports, My Work
    - SMART FACTS Manual: Appendix J & K
    - Tip Sheet: Outcome 11: Number of Simple Inquiries Resolved
  - OIG Reports Webinars



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## SMART FACTS Support From SMP Resource Center Staff

- Heather Flory: 319-272-2454, [hflory@hvaaa.org](mailto:hflory@hvaaa.org)
  - Data Entry Instruction
  - Training Options
  - Site Administrator Questions
  - OIG Outcomes 1 – 11
- Ginny Paulson: 319-358-9402, [gpaulson@hvaaa.org](mailto:gpaulson@hvaaa.org)
  - Referrals
  - OIG Outcomes 12 – 17D
- ☒ **Can't get logged on? Contact Social Solutions  
Customer Service at 1-866-732-3560, ext. 2**



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Questions?