

OIG Performance Measures - Site: SMP Maryland Working Template		
	SMP Performance Measures	Reporting Period
	OUTCOMES	Program in SMARTFACTS:
1.	Total number of active volunteers	Volunteer Tracking and Management
2.	Total number of volunteer training hours	Volunteer Tracking and Management
3.	Total number of volunteer work hours	Volunteer Tracking and Management
4.	Number of media outreach activities	Outreach and Education
5.	Number of community outreach education events conducted	Outreach and Education
6.	Estimated number of people reached by community outreach education events	Outreach and Education
7.	Number of group education sessions for beneficiaries	Outreach and Education
8.	A.) Number of beneficiaries who attended group education sessions	Outreach and Education
	B.) As a result of group education sessions, beneficiaries* who understand how reading their MSN can help identify billing fraud or errors improved from 0 to 0, an increase of	Outreach and Education
	C.) As a result of group education sessions, beneficiaries* who understand why it is important to seek assistance with billing questions increased from 0 to 0, an increase of	Outreach and Education
	D.) As a result of group education sessions, beneficiaries* who know why it is important to protect their Medicare and Social Security Numbers increased from 0 to 0, an increase of	Outreach and Education
9.	Number of one-on-one counseling sessions held with or on behalf of a beneficiary	Outreach and Education
10.	Total number of Simple Inquiries received	Issues and Inquiries
11.	Total number of Simple Inquiries resolved (percentage of total number received)	Issues and Inquiries
12.	Number of Complex Issues received	Issues and Inquiries
13.	A.) Number of Complex Issues referred for further action	Issues and Inquiries
	B.) Total dollar amount referred for further action	Issues and Inquiries
14.	Number of Complex Issues resolved	Issues and Inquiries
15.	Number of Complex Issues pending further action	Issues and Inquiries
16.	Cost avoidance on behalf of Medicare, Medicaid, Beneficiary, or Other	Issues and Inquiries
17.	A.) Actual Medicare funds recovered attributable to the project	Issues and Inquiries
	B.) Actual Medicaid funds recovered attributable to the project	Issues and Inquiries
	C.) Actual Savings to beneficiaries attributable to the project	Issues and Inquiries
	D.) Other savings attributable to the project (e.g. supplemental insurance, Social Security)	Issues and Inquiries

Calculation for Questions 8B-8D are based on a post-group education survey in which 0 beneficiaries responded

This appendix is a cross reference between the OIG Report measures and the SMART FACTS manual. The SMART FACTS manual chapters and pages indicated below explain specific data entry procedures that effect your OIG Report. The blue "OIG" check marks in the manual correspond to this appendix.

OIG Outcome	Manual Chapter	Manual Page	NOTES
1 - Total number of active volunteers	5	14, 17, 18	
2 - Total number of volunteer training hours	5	11, 12, 14, 16, 17, 18	
3 - Total number of volunteer work hours	5	11, 12, 14, 16, 17, 18	
4 - Number of media outreach activities	6	17&18	
5 - Number of community outreach education events conducted	6	8	
6 - Estimated number of people reached by community outreach education events	6	9	
7 - Number of group education sessions for beneficiaries	6	11	
8a - Number of beneficiaries who attended group education sessions	6	11	
8b - Beneficiaries who understand how reading their MSN....increased by:	6	14	
8c - Beneficiaries who understand why it is important to seek assistance....increased by:	6	14	
8d - Beneficiaries who.....to protect their Medicare and Social Security Numbers increased by:	6	14	
9 - Number of one-on-one counseling sessions held with or on behalf of a beneficiary	6	20	
10 - Total number of simple inquiries received	3	5 & 6	
11 - Total number of simple inquiries resolved	3	5 & 6	
12 - Number of complex issues received	3	12	

OIG Outcome	Manual Chapter	Manual Page	NOTES
13a - Number of complex issues referred for further action	4 (also see final pages of this appendix)	9 (also see final pages of this appendix)	Referrals are indicated using the Initial Action and Follow-up Action checkboxes on the SMP Activity Log (in the Inquiry Form). <i>NOTE: The SMART FACTS manual published in June 2008 does not demonstrate this step -- see final pages of this appendix for instructions.</i>
13b - Total dollar amount referred for further action	3 (also see final pages of this appendix)	27 (also see final pages of this appendix)	Dollar amount referred now has its own date field. The OIG Report now populates using the new date field associated with the dollars (on the SMP Activity Log). <i>NOTE: The SMART FACTS manual published in June 2008 does not demonstrate this step -- see final pages of this appendix for instructions.</i>
14 - Number of complex issues resolved	3	26	
15 - Number of complex issues pending further action	3	26	
16 - Cost avoidance on behalf of Medicare, Medicaid, Beneficiary or Other	3	26	
16 - Cost avoidance on behalf of Medicare, Medicaid, Beneficiary or Other	4	14	
17a - Actual Medicare funds recovered attributable to the project	3	26	
17a - Actual Medicare funds recovered attributable to the project	4	13	
17b - Actual Medicaid funds recovered attributable to the project	3	26	
17b - Actual Medicaid funds recovered attributable to the project	4	13	
17c - Actual savings to beneficiaries attributable to the project	3	26	
17c - Actual savings to beneficiaries attributable to the project	4	13	
17d - Other savings attributable to the project	3	26	
17d - Other savings attributable to the project	4	13	

OIG TIPS:			
OIG Tip - Take New Assessment vs. Build New Assessment	3	29	
OIG Tip - Activity Log (Status of Complex Issue and Date of Status Update)	4	18	
OIG Tip - Uploading documentation of cost avoidances and recoveries	4	15	
OIG Tip - Adding New Volunteer	5	2 & 5	
OIG Tip - Date of Contact	5	17	
OIG Tip - Group Educational Session Post Survey	6	14	

Update to OIG Report for 2009 Data:

Outcome 13A and 13B on the OIG Report have been revised for greater accuracy in 2009. Both outcomes originate from data entered on the SMP Activity Log of an Inquiry Form for a Complex Issue.

13A Screen Shot Example:

13A = “Number of Complex Issues referred for further action.”

Anytime you make a referral (to a NON-PSC/MEDIC or to a PSC/MEDIC), you should mark the “Referral” checkbox in the appropriate Initial Action or Follow-up Action list of checkboxes.

In the example taken from an Activity Log below, the bolded “Referral” checkbox below “Initial Actions” is NOT marked. This case will not populate the OIG Report for outcome 13A unless follow-up actions indicate a referral was made and the checkbox is marked.

Note: The text within the SMP Activity Log checkboxes is designed to remind you of the importance of this data entry step. Ex: “...always check this box if....”

SMART FACTS

ETOSOFTWARE®

Welcome Ginny Paulson - Florida SMP: **Issues and Inquiries** CHANGE PROGRAM

New Quick Search To Do List New Message(s) My Favorites

Enter Search Term(s) within Participant in Issues and Inquiries GO

Hard Copy file

SMP Initial Action

Initial Date of SMP Action

Feb 20 2007

Action Taken by SMP (**check all that apply**)

Referral (always check this box if your action includes a referral on this date; document referral on appropriate referral tab/s)

Send release of info form and request documents

Contact CMS Regional Office

Contact Medicare PSC or Medic Contractor

Contact MFCU or Medicaid Office

Contact 1-800-Medicare

Contact provider/ practitioner

Contact secondary insurer/plan

Contact SHIP

Contact SMP Resource Center

Other Contact- AG, FBI, other state agency

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July 6th, 2009

13A Screen Shot, 2nd Example:

In the example below, “**Referral**” is checked, so the OIG report will include this case as a referral on Outcome 13A of the OIG Report. The “Date of Action” date field is the date used to populate Outcome 13A of the OIG Report.

Note: in the example below, this referral would show on the 2007 OIG Report because the referral occurred on July 16, 2007.

The screenshot shows a web browser window with the ETO Software logo and navigation buttons. The main content area is titled "SMP Follow Up Actions" and contains the following fields and options:

- 1 Date of Action:** Jul 16, 2007
- Follow Up Action Taken (check all that apply):**
 - Referral** (always check this box if your action includes a referral on this date; document referral on appropriate referral tab/s)
 - Contact beneficiary
 - Contact CMS Regional Office
 - Contact Medicare PSC or Medic Contractor
 - Contact MFCU or Medicaid Office
 - Contact 1-800-Medicare
 - Contact provider/ practitioner
 - Contact secondary insurer/plan
 - Contact SHIP
 - Contact SMP Resource Center
 - Other Contact- AG, FBI, other state agency
 - Review guidelines, policies or procedures
 - Other Research

A red circle highlights the "Date of Action" field and the "Referral" checkbox.

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...See Next Page for 13B information.....

13B Screen Shot Example (CORRECT 2009 data entry)

Outcome 13B = “Total dollar amount referred for further action.”

This field should only be filled out once per complex issue. This field is typically completed at the beginning of a complaint process when you know the total amount of dollars being questioned but there isn't yet documentation to prove it. You need to explain the source of this dollar figure in the notes field.

The **Date Dollars Referred** is the date field used for this OIG outcome and the **For errors, fraud and abuse..... \$** field is where the “dollars” data originates. BOTH fields need to be completed for 13B of the OIG Report to be accurate.

Note: In the example below, \$2,926.53 will be added to 13B of the OIG report for 2009.

Dollar Amount Referred for Further Action

Date Dollars Referred
 Mar 11 2009

For errors, fraud and abuse issues, dollar amount being questioned? (Include cost to beneficiary, Medicare, Medicaid, Medigap, etc)
 \$ 2,926.53

Please explain how you arrived at the total in the Dollar Amount Questioned field:
 As per MSN dated 11-11-08

13B Screen Shot, Example #2 (INCORRECT data entry for 2009)

Note: in the past, “Date of status update” was the date field used to populate 13B. THIS IS NO LONGER THE CASE. For long-term accuracy purposes, we realized 13B needed its own date field. In 2007, \$975.73 were added to Outcome 13B of the OIG Report because the data entry below was adequate in 2007. If the data entered below were 2009 data, the money wouldn't show on the OIG Report because the “Date Dollars Referred” field is blank.

Date of status update:
 Jul 16 2007

Dollar Amount Referred for Further Action

Date Dollars Referred
 -Month- -Day- -Year-

For errors, fraud and abuse issues, dollar amount being questioned? (Include cost to beneficiary, Medicare, Medicaid, Medigap, etc)
 \$ \$975.73

Please explain how you arrived at the total in the Dollar Amount Questioned field:

July 6th, 2009