CMS-MIG PERFORMANCE STANDARD FOR REFERRALS OF SUSPECTED FRAUD FROM A SINGLE STATE AGENCY TO A MEDICAID FRAUD CONTROL UNIT

Specification Category	Specification Details
Objective	Determine the percentage of acceptable referrals (those that meet minimum criteria for a "collection of information") that were provided by the State Medicaid agency to its Medicaid Fraud Control Unit (MFCU) in accordance with 42 CFR 455.21(a)(1).
Definitions	Referral: A "collection of information" communicated from the Single State Agency to the MFCU due to suspicion of provider fraud (in accordance with CFR) through a formalized process. Acceptable Referral: Referral of a potentially fraudulent Medicaid provider to the State's MFCU that contains the "minimum criteria."
	 Minimum Criteria for "collection of information" provided to allow the MFCU to determine if further action is warranted includes: Subject (name, Medicaid ID, address, provider type) Source/origination of complaint Date reported to State Description of suspected misconduct, with specific details including: Category of service Factual explanation of the allegation Specific Medicaid statutes, rules, regulations, and/or policies violated Date(s) of conduct Amount paid to provider during the past 3 years or during the period of the alleged misconduct, whichever is greater All communications between State and provider concerning conduct at issue Contact information for State agency staff person with practical knowledge of workings of the relevant program
Data Source	State Program Integrity Assessment (SPIA) Data Collection Instrument

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Unit of Analysis	Referrals to MFCUs
Frequency of Measurement	Annually by FFY beginning with FFY 2009; Validation of 1/3 of States annually through Medicaid Program Integrity Reviews
Formula	Identify percentage of acceptable referrals: Numerator = # of acceptable referrals provided to MFCUs Denominator = total # of referrals sent to MFCUs