

## PERFORMANCE STANDARDS

With the cooperation of the Units, the OIG developed twelve specific standards to be used when evaluating a Unit's performance. These twelve standards and their requirements are set forth below.

- 1. A Unit will be in conformance with all applicable statutes, regulations and policy directives. In meeting this standard, the Unit must meet, but is not limited to, the following requirements-**
  - A. The Unit professional staff must consist of permanent employees working full-time on Medicaid fraud and patient abuse matters.
  - B. The Unit must be separate and distinct from the single State Medicaid agency.
  - C. The Unit must have prosecutorial authority or an approved formal procedure for referring cases to a prosecutor.
  - D. The Unit must submit annual reports, with appropriate certifications, on a timely basis.
  - E. The Unit must submit quarterly reports on a timely basis.
  - F. The Unit must comply with the Americans with Disabilities Act, the Equal Employment Opportunity requirements, the Drug Free Workplace requirements, Federal lobbying restrictions, and other such rules that are made conditions of the grant.

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- 2. A Unit should maintain staff levels in accordance with staffing allocations approved in its budget. In meeting this standard, the following performance indicators will be considered-**
    - A. Does the Unit employ the number of staff that were included in the Unit's budget as approved by the OIG?
    - B. Does the Unit employ the number of attorneys, auditors, and investigators that were approved in the Unit's budget?
    - C. Does the Unit employ a reasonable size of professional staff in relation to the State's total Medicaid program expenditures?
    - D. Are the Unit office locations established on a rational basis and are such locations appropriately staffed?

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- 3. A Unit should establish policies and procedures for its operations, and maintain appropriate systems for case management and case tracking. In meeting this standard, the following performance indicators will be considered-**
    - A. Does the Unit have policy and procedure manuals?
    - B. Is an adequate, computerized case management and tracking system in place?

**4. A Unit should take steps to ensure that it maintains an adequate workload through referrals from the single State agency and other sources. In meeting this standard, the following performance indicators will be considered-**

- A. Does the Unit work with the single State agency to ensure adequate fraud referrals?
  - B. Does the Unit work with other agencies to encourage fraud referrals?
  - C. Does the Unit generate any of its own fraud cases?
  - D. Does the Unit ensure that adequate referrals of patient abuse complaints are received from all sources?
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**5. A Unit's case mix, when possible, should cover all significant provider types. In meeting this standard, the following performance indicators will be considered-**

- A. Does the Unit seek to have a mix of cases among all types of providers in the State?
  - B. Does the Unit seek to have a mix of Medicaid fraud and Medicaid patient abuse cases?
  - C. Does the Unit seek to have a mix of cases that reflect the proportion of Medicaid expenditures for particular provider groups?
  - D. Are there any special Unit initiatives targeting specific provider types that affect case mix?
  - E. Does the Unit consider civil and administrative remedies when appropriate?
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**6. A Unit should have a continuous case flow, and cases should be completed in a reasonable time. In meeting this standard, the following performance indicators will be considered-**

- A. Is each stage of an investigation and prosecution completed in an appropriate time frame?
  - B. Are supervisors approving the opening and closing of investigations?
  - C. Are supervisory reviews conducted periodically and noted in the case file?
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**7. A Unit should have a process for monitoring the outcome of cases. In meeting this standard, the Unit's monitoring of the following case factors and outcomes will be considered-**

- A. The number, age, and type of cases in inventory.
- B. The number of referrals to other agencies for prosecution.
- C. The number of arrests and indictments.
- D. The number of convictions.
- E. The amount of overpayments identified.
- F. The amount of fines and restitution ordered.

- G. The amount of civil recoveries.
  - H. The numbers of administrative sanctions imposed.
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**8. A Unit will cooperate with the OIG and other Federal agencies, whenever appropriate and consistent with its mission, in the investigation and prosecution of health care fraud. In meeting this standard, the following performance indicators will be considered-**

- A. Does the Unit communicate effectively with the OIG and other Federal agencies in investigating or prosecuting health care fraud in their State?
  - B. Does the Unit provide OIG regional management, and other Federal agencies, where appropriate, with timely information concerning significant actions in all cases being pursued by the Unit?
  - C. Does the Unit have an effective procedure for referring cases, when appropriate, to Federal agencies for investigation and other action?
  - D. Does the Unit transmit to the OIG, for purposes of program exclusions under section 1128 of the Social Security Act, reports of convictions, and copies of Judgment and Sentence or other acceptable documentation within 30 days or other reasonable time period?
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**9. A Unit should make statutory or programmatic recommendations, when necessary, to the State government. In meeting this standard, the following performance indicators will be considered-**

- A. Does the Unit recommend amendments to the enforcement provisions of the State's statutes when necessary and appropriate to do so?
  - B. Does the Unit provide program recommendations to single State agency when appropriate?
  - C. Does the Unit monitor actions taken by State legislature or State Medicaid agency in response to recommendations?
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**10. A Unit should periodically review its Memorandum of Understanding (MOU) with the single State Medicaid agency and seek amendments, as necessary, to ensure it reflects current law and practice. In meeting this standard, the following performance indicators will be considered-**

- A. Is the MOU more than 5 years old?
- B. Does the MOU meet Federal legal requirements?
- C. Does the MOU address cross-training with the fraud detection staff of the State Medic-

aid agency?

- D.** Does the MOU address the Unit's responsibility to make program recommendations to the Medicaid agency and monitor actions taken by the Medicaid agency concerning those recommendations?
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**11. A Unit director should exercise proper fiscal control over the unit resources. In meeting this standard, the following performance indicators will be considered-**

- A.** Does the Unit director receive on a timely basis copies of all fiscal and administrative reports concerning Unit expenditures from the State parent agency?
- B.** Does the Unit maintain an equipment inventory?
- C.** Does the Unit apply generally accepted accounting principles in its control of Unit funding?
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**12. A Unit should maintain an annual training plan for all professional disciplines. In meeting the standard, the following performance indicators will be considered-**

- A.** Does the Unit have a training plan in place and funds available to fully implement the plan?
- B.** Does the Unit have a minimum number of hours training requirement for each professional discipline, and does the staff comply with the requirement?
- C.** Are continuing education standards met for professional staff?
- D.** Does training undertaken by staff aid in the mission of the Unit?

These standards may be periodically reviewed and discussed with the Units and other State representatives to ascertain their effectiveness and applicability. Additional or revised performance standards will be proposed when deemed appropriate.