Department of Health and Human Services

OFFICE OF
INSPECTOR GENERAL

Health Care Anti-Fraud Volunteer Project
Performance Measures

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EXECUTIVE SUMMARY

PURPOSE

To assist the Administration on Aging in the development of performance measures for the Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Demonstration Program.

BACKGROUND

Congress authorized the Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Demonstration Program with the Omnibus Consolidated Appropriation Act of 1997 (P.L. 104-208) in order to bring more resources to bear on the effort to curb losses to Medicare. To fund this program the Senate Report (104-368) directed that $2,000,000 be transferred to the Administration on Aging (AoA) from the Health Care Financing Administration's research and demonstration budget. These funds would support different approaches to recruit and train retired professionals as local, volunteer resources and educators. The Senate Report directed AoA to consult with the Office of Inspector General (OIG) and to develop outcome measures to test the effectiveness of different approaches. In May of 1997, AoA awarded funds to 12 organizations to implement these projects. The funds went to two area agencies on aging, six state units on aging, and four private aging organizations.

DEVELOPING PERFORMANCE MEASURES

In the first step in developing the performance measures, we reviewed the funded grant applications in order to identify commonly proposed performance measures and activities (Appendix A). We were able to do this because grantees had been asked to discuss outcomes in their grant applications. Based on that analysis, we developed a logic model (Appendix B) for the projects that described the inputs, outputs and outcomes. Based on the proposed outcome measures and logic model, we developed a set of draft performance measures (Appendix C).

In the next step, we shared the logic model and draft performance measures with the projects for review. Then we called each project to discuss their experiences in implementing the grant and to get their assessment of the appropriateness and feasibility of collecting data for each of the draft performance measures. Based on their input we revised the performance measures (Page 6).

The next step is to implement these performance measures. OIG and AOA staff will develop a reporting format; OIG will then pre-test it by asking projects to supply performance data. The OIG will issue further reports, as appropriate, tracking implementation and reporting on outcomes.

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PURPOSE

To assist the Administration on Aging in the development of performance measures for the Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Demonstration Program.

BACKGROUND

Health Care Anti-Fraud Volunteer Projects: Congress authorized the Health Care Anti-Fraud, Waste, and Abuse Community Volunteer Demonstration Program in the Omnibus Consolidated Appropriation Act of 1997 (P.L. 104-208) in order to bring more resources to bear on the effort to curb losses to Medicare. The Senate Committee believed that thousands of retired accountants, health professionals, investigators, teachers, and others could serve as community volunteers in this effort. More specifically, these retired professionals, with appropriate training, would be asked to assist other Medicare beneficiaries in detecting and reporting fraud, waste, and abuse. Because the language for this program was introduced by Senator Tom Harkin of Iowa, these grants are commonly referred to as "Harkin Projects."

To fund this program the Senate Report (104-368) directed that $2,000,000 be transferred to the Administration on Aging (AoA) from the Health Care Financing Administration's research and demonstration budget. These funds would support different approaches to recruit and train retired professionals as local, volunteer resources and educators. Additionally, the Senate Report directed AoA to consult with the Office of Inspector General (OIG) and the General Accounting Office in implementing the program, and to develop outcome measures to test the effectiveness of different approaches.

In May of 1997, AoA awarded funds to 12 organizations to implement these projects. The funds went to two area agencies on aging, six state units on aging, and four private aging organizations. Different types of grantees were funded to support Congress' desire to test different approaches for training volunteers. The application kit for these projects asked prospective projects to define a specific service area, develop a collaborative approach and coordinate with other agencies, develop outreach strategies, expand current activities to enlist volunteers, and collect information on participants and track referrals (suspected cases).

Outreach: A larger initiative of the Department of Health and Human Services also seeks to educate Medicare beneficiaries on Medicare fraud. The OIG, in partnership with AoA, the Health Care Financing Administration, and the American Association of Retired Persons, is planning a nationwide Medicare fraud outreach campaign. The campaign will use mass media to

encourage Medicare beneficiaries to review their "Explanation of Medicare Benefits" to identify possible instances of fraud or abuse and to report them to the OIG Hotline. The projects have been invited to participate in the campaign.

METHODOLOGY

This inspection was conducted in two phases. In the first phase we reviewed the approved project grant applications and reviewed relevant literature on outcome measurement. These application reviews identified the proposed activities and proposed outcome measures for each of the projects.

In the second phase of the inspection, we developed a draft logic model and draft performance measures. The model and measures were shared with each of the projects for review. We then called each of the projects to discuss their progress in implementing their project and their reaction to the draft performance measures. Based on their comments we modified the performance measures.

FINDINGS

REVIEW OF APPROVED APPLICATIONS

All of the proposals submitted by the projects met the requirements listed in the application kit. However, most projects proposed to go further than the requirements by training individuals other than retired professionals and by doing community education activities. Specifically, they proposed to train other members of the aging network such as ombudsman staff, health insurance counselors, and other AAA staff. See Appendix A.

Applicants were also asked to discuss outcome measures to be used in evaluating their approach. An analysis of the proposed outcome measures from the funded projects' applications shows a number of common measures. Not surprisingly these include:

> the number of retired professionals who become trainers,

> the number of Medicare beneficiaries trained by the trainers,

> the number of training sessions led by the trainers,

> the results of pre- & post-tests at the training sessions, and

> the numbers of referrals, cases, and recoveries attributable to the project.

Additionally, since most of the projects planned to do more activities than train retired professionals, most of the applications contained additional measures. These performance measures include:

> the number of media or public education products developed,

> the number of media spots and public service announcements (PSAs),

> the number of hits to the project's web site, and

> feedback to hotline callers.

EARLY IMPLEMENTATION

As part of our efforts to develop performance measures for the Health Care Anti-Fraud Volunteer Projects, we discussed the implementation of each project director. These discussions revealed the following issues.

Varying Stages of Implementation: The twelve projects were in various stages of implementation in January 1998. Five projects had begun training volunteers, and trainers for two have begun to train Medicare beneficiaries. Among the other projects, four have begun to recruit volunteers, while the others are just getting started. All are optimistic about their potential to identify fraud and abuse.

Wrestling with the Term "Professional": The projects understand the intent of the program is "to recruit and train retired professionals," but find it difficult to strictly implement. Projects report that they have approached selected organizations for retired professionals in their recruitment efforts, but they find it difficult to limit their recruiting to only retired professional volunteers. The nature of the aging network at the State and local levels, makes it difficult for the projects to turn away volunteers simply because they had not been professionals. Examples of farmers, union workers, or professional volunteers were commonly sited.

Recruiting Within and Outside the Network: Projects are training individuals who are already in the aging network, as well as recruiting new volunteers. Current members of the network who are likely to be trained are ombudsmen, health insurance counselors, and senior center staff. People from outside the network are being recruited through outreach efforts aimed at associations for retired individual and at senior centers, as well as through mass media.

Creating One-on-One and Group Trainers: Health Care Anti-Fraud Volunteer Projects are creating two types of trainers. One trainer speaks to groups of seniors about how to review Medicare Summary Notices or Explanation of Medicare Benefits, identify instances of fraud, and report suspicious claims. The other trainer is similar to the health insurance counselor. This trainer works one-on-one, usually in senior center, providing in depth guidance to individuals on their Medicare claims. This type of training is totally consistent with the program mandate, but will make the measuring of outcomes more difficult. The activities of each type of trainer and related outcomes will have to be counted and measured separately.

Relying on Hotlines for Tracking: In general, projects are relying on their own or the HHS/OIG hotline as a way to identify referrals. The referrals are then tracked to identify if any cases or any financial settlements arise. Projects that use one-on-one trainers do not require hotlines for those referrals, because they can track referrals from the one-on-one meetings.

PERFORMANCE MEASURES

The first step in addressing Congress' directive to measure outcomes is to develop a system of performance measures. This is because outcomes cannot be measures in isolation and are a function of inputs and outputs. The first step in developing performance measures is to develop a logic model for the program (See Appendix B). We did this based on the language in the committee report, the application kit, and the approved grant applications.

The next step was to develop a set of draft performance measures (See Appendix C). The measures were based on the logic model and the outcome measures proposed by the projects in their applications. We then shared the logic model and draft performance measures with each of the projects for review. In our discussion with the projects we asked about the appropriateness of each measure and the feasibility of collecting the relevant data.

Based on our discussions with the projects, we developed the following set of performance measure (See Table 1, page 6). We believe that they will meet AoA's need to monitor performance and report on outcomes, while not placing a significant reporting burden on the projects. They do not include "pre- and post testing" because many of the projects that had proposed such testing found it either difficult to implement or potentially intimidating to volunteers and beneficiaries who would have to take the tests.

These performance measures require some common definitions in order to assure consistent implementation among the projects. They are:

Retired Professional retired professionals recruited (new to the network) and trained specifically for the project

Other any other volunteer recruited and trained by the project

Community Education all education activities other than group or one-on-one sessions led by project trainers

Media Hit any media hit electronic or print, including PSAs

Referral suspected case of fraud or abuse

Case a referral that results in an indictment or settlement

Projects will be asked to report these performance data in a format to be developed by AoA and OIG . The data will be reported on the 12, 18, 24, and 30 month anniversary of the initial grant. The OIG will prepare a report summarizing and analyzing the data for each of the reporting periods.

Table 1

	PERFORMANCE MEASURES
	INPUTS:
1	$ spent on recruiting retired professional
2	$ spent on recruiting others
3	$ spent on training retired professionals
4	$ spent on training others
5	$ spent to support retired professionals
6	$ spent to support others
7	$ spent on community education activities
8	$ spent on tracking system
	OUTPUTS:
9	# of retired professional trained
10	# of other people trained
11	# of public service announcements
12	# of community education activities
	OUTCOMES
13	# of group sessions for beneficiaries led by retired professionals
14	# of group session for beneficiaries led by others
15	# of beneficiaries who attended the sessions led by retired professionals
16	# of beneficiaries who attended the sessions led by others
17	# of one-on-one encounters led by retired professionals
18	# of one-on-one encounters led by others
19	estimated # of people reached by media hits
20	estimated # of people reached by community education
21	# of referrals attributable to the project
22	# of cases attributable to the project
23	$ recouped attributable to the project

CONCLUSION AND NEXT STEPS

Based on discussions with the projects and a review of the applications and relevant literature, we believe this set of performance measures will meet AoA's need to monitor the Health Care Anti-Fraud Volunteer Projects' performance and report on outcomes, while not placing a significant reporting burden on the individual projects.

Two steps must be taken in order to implement these performance measures:

1. OIG and AOA staff will develop a reporting format for the performance measures; and

2. OIG will pre-test the reporting format by asking projects to supply performance data.

APPENDIX A

SUMMARY OF PROPOSED PROJECT ACTIVITIES

PROJECT	Total $ (x000)	Federal $ (x000)	Train Trainers	PSAs	800 #	Web Site
Aging 2000 Providence, R.I.	146	107	X (multi)	X	X	
NH SUA Concord, N.H.	259	187	X	X	X	
NY SUA Albany, N.Y.	250	188	X (multi)		X	
CARIE Philadelphia, PA	260	188	X	X		
MD SUA Baltimore, MD	240	180	X (multi)	X	X	X
Suburban AAA Oak Park, IL	251	188	X	X		
CWAG Madison, WI	173	127	X		X	X
MN SUA St. Paul, MN	239	178	X (multi)	X		
IA SUA Des Moines, IA	349	187	X	X	X	
Dist 3 AAA Warrensburg , MO	158	117	X (multi)	X	X	
CHA San Mateo, CA	289	188	X (multi)		X	X
HI SUA Honolulu, HI	141	100	X (multi)		X	X
TOTAL	2,755	1,935	12	8	9	4

multi = project will train multiple types of trainers

APPENDIX B

LOGIC MODEL

The *logic model* of the Health Care Anti-Fraud Volunteer Projects flows from the mandate from Congress, and includes the resources, the activities, the accomplishments, and the effect of the projects. "Program" is used to refer to the entire effort, while "project" refers to individual grantees. *Activities not included in the mandate are presented in italics.*

MANDATE

To recruit and train retired professionals to serve as volunteer expert resources
and educators for other Medicare beneficiaries

To test different training models

INPUT- **What resources support the program?**

> AoA funding, grantee funds, support from the aging network in the project's service area (probably unmeasurable)

PROCESS- **What do the projects do?**

> recruit retired professionals *and others*
>
> train and support trainers
>
> count and track referrals
>
> *design community education program*

OUTPUT- **What do the projects accomplish?**

> retired professionals trained as trainers
>
> *others trained as trainers*
>
> system developed to identify and track referrals
>
> *PSAs and community education programs*

OUTCOME- What is the effect of the accomplishments?

Initial   sessions led by trained trainers (by retired professionals and *by others*)

Medicare beneficiaries trained or aided (by retired professionals and *by others*)

increased understanding of examples of Medicare fraud as demonstrated by pre- and post-testing

Long-term   calls, referrals, cases, recouped funds (by retired professionals and *by others*)

individuals reached by public education programs (probably unmeasurable)

APPENDIX C

DISCUSSION DRAFT PERFORMANCE MEASURES
SHARED WITH THE PROJECTS

INPUTS

$ expended to recruit, train, and support retired professionals and $ for other trainers

$ expended on community education activities

$ expended on tracking system

OUTPUTS

# of retired professionals and # of others trained

# of PSAs and community education activities

system to identify and track referrals

OUTCOMES

Initial   # of sessions led by retired professionals and # by other trainers

# of Medicare beneficiaries trained by the retired professionals and # by other trainers

average percent increase in post-tests scores over pre-tests score

Long-term   # of referrals and cases attributable to both types of trainers

recouped $ attributable to both types of trainers

# of individuals reached by PSAs and community education programs