

CMS Focused Program Integrity Review - Texas

The Center for Program Integrity at the Centers for Medicare and Medicaid Services will be conducting a focused review of the Texas Medicaid program to evaluate the effectiveness of Texas's program integrity activities in managed care. All Texas Medicaid MCOs and DMOs must fill out the attached questionnaire and send back to HHSC by **COB on Friday, July 3**. We apologize for the quick turnaround and thank you for your cooperation.

Please email completed questionnaires to Heather Kuhlman at heather.kuhlman@hhsc.state.tx.us and copy your health plan management team.

Managed Care Entity Questionnaire

State Medicaid Agency: Please send this questionnaire to each managed care entity (MCE) providing Medicaid services under contract or other agreement with the state. Please return all completed questionnaires to the Review Team Leader no later than 2 weeks from the date of the letter.

Managed Care Entity: Please provide written responses to the questions below and return this questionnaire to the State Medicaid Agency.

Based on the questionnaire responses, the CMS review team will choose the MCEs to be interviewed during the onsite review and will send the state the Managed Care Entity review module for each selected MCE to complete and return within a specified timeframe prior to the onsite review.

MCE Name:	Contact Person:
Address:	Telephone:
City, State, Zip:	Email:
Date Completed:	

1. Does the MCE have commercial, Medicare, and/or Medicaid lines of business?
2. What is the total number of beneficiaries/enrollees for each line of business?
 - a. Medicaid? _____
 - b. Medicare? _____
 - c. Commercial? _____
3. Identify all of the managed care programs under which the MCE provides services in the state. Please provide this information for each line of business.
4. How many providers are currently under contract or credentialed with the MCE?

Please provide this information for each line of business.

5. What are the MCE's total Medicaid expenditures for each of the past 3 FYs?
6. Is there a contract requirement or policy that Medicaid providers enrolling with the MCE must also be enrolled by the State Medicaid Agency? If not, how many MCE providers are also enrolled in FFS Medicaid?
7. Does the MCE have a Special Investigations Unit (SIU) or other unit responsible for program integrity activities? Is the SIU or other unit located at the address listed above or elsewhere? If it is at another location, please provide the address where the SIU or other unit is located.
8. What is the size of the MCE's SIU staff or other unit for state Medicaid fraud or abuse investigations?
9. Is there a separate unit responsible for conducting Medicaid audits? What unit is identifying and/or collecting overpayments associated with their activities?
10. What are the staff positions that make up the MCEs SIU or other unit and what percent of time does each type of staff (i.e., auditor, investigator, analyst or nurse) devote to Medicaid fraud or abuse?
11. In regards to all provider investigations: For all provider cases opened, closed and actively worked, where are the case files located? Can complete copies of the case files be provided electronically to CMS upon request?
12. What subcontractors do the MCE contract with for any fraud/abuse or other Medicaid audits or reviews?
13. To whom (specific contact information) does the MCE refer cases of suspected Medicaid provider fraud or abuse (i.e., the state agency, the state's Medicaid Fraud Control Unit, or other law enforcement agencies)? Please identify all agencies where the MCE would refer a case pertaining to provider fraud or abuse.
14. How often do you meet with the MFCU or the State's Program Integrity Unit concerning provider fraud or abuse activities?

15. How and why has the MCE's Medicaid enrollment expanded? What is planned for the near future?