



Accenture LLP  
11951 Freedom Drive  
Reston, Virginia 20190  
(703) 947-2000

November 17, 2011

Ms. Mary Tavegia, Issuing Officer  
RFP MED-12-001  
Contract Administrator  
Iowa Department of Human Services  
Iowa Medicaid Enterprise  
100 Army Post Road  
Des Moines, Iowa 50315

Dear Ms. Tavegia:

Accenture would like to thank the IME for the opportunity to provide a BAFO for the IME Core System Services project. We have included the requested pricing forms in Appendix A of this document. The following provides a summary of our BAFO submission to aid the IME in understanding the changes that have been made.

#### **Overall BAFO Pricing Summary**

Overall, Accenture has reduced the evaluated price, which includes all extensions and options, from \$149,189,201 in our original submission to \$141,924,952 in this BAFO submission. This updated pricing represents a reduction of over \$7.2 million. We continue to meet all RFP requirements and continue to enhance our solution and pricing to add the most value to the IME.

#### **DDI Pricing Summary**

We continue to focus on providing a cost competitive MMIS solution for the IME with our APHP Solution. We have reduced our MMIS Implementation price in Table N-1 from \$50,615,312 to \$49,515,562 which represents a \$1.1 million reduction in price. This reduction has been made possible via a reduction in facility costs as well as further enhancing the value of our solution for the IME.

IME requested that we provide a breakdown of the "Other Costs" in Table N-1. Per the direction provided in Question 20 of the July Q&A response and Question 4 in the August Q&A response, Accenture included facility costs in this "Other Costs" line item. In our BAFO pricing, we have further broken down the facility costs across Rent, Operating Costs, and Leasehold Improvements. During the BAFO phase, we were able to reduce the facility costs by over \$800K by working with the real estate market to secure our potential facilities for the IME Core System Services project.

With regards to the Software in Table N-2 and Hardware in Table N-3, we provided pricing that is consistent with a best and final offer in our original submission. We further leveraged our alliance relationships with the software providers to secure an additional reduction of \$22K for EMC and \$11K for Captiva software. There were no changes in Table N-3 for the hardware pricing.

### **MMIS Operations Pricing Summary**

We have continued to focus on providing a competitive price for the Operations of the IME Core System Services contract. With this focus, we have achieved a BAFO reduction of over \$3.4 million for the IME over the life of the contract (including all extensions). As represented in Table N-4, our price has decreased from \$88,867,719 to \$85,442,202. Not included in this amount is the Operations of the SURS solution, which is discussed below.

### **Optional Waivers Implementation and Operations Pricing Summary**

Accenture's pricing for the optional scope for Implementation of Optional Waiver, Facility, and Enhanced State Plan Services Management has not changed with this BAFO submission. This pricing found in Table N-5 remains at \$1,134,080. We have been able to offer a reduction in the Operations of this functionality from \$358,538 to \$278,374 (including all extension years) as represented in Table N-6.

### **Optional SURS Implementation and Operations Pricing Summary**

We have reviewed the pricing and solution for the Optional SUR Component and have provided an enhanced solution for our BAFO response. The OptumInsight IFADs solution exceeds the RFP MED-12-001 requirements and brings additional value to the IME. Like S2Tech, OptumInsight brings their Iowa specific program knowledge, project management discipline, implementation experience and operational excellence to our proposal. Additionally, this solution is certifiable by CMS currently and is the only SURS system that is certified by CMS with their updated checklist.

By changing from our original solution to the OptumInsight solution, the IME will see an increase in the Implementation price from \$1,044,353 to \$2,483,280 but the annual maintenance costs have significantly decreased with the enhanced solution. The maintenance costs (including extension years) of the Optional SUR solution has reduced from \$7,169,199 to \$3,071,454. We believe this is an enhanced solution for the IME and will provide a savings of over \$2.7 million when compared to our original solution over the life of the contract.

We have included a description of the OptumInsight IFADS solution as Appendix B in this document.

### **Legal Summary**

We have reviewed the State's responses to vendor input on the draft sample contract language. It was readily apparent that the State gave thoughtful consideration to the vendors' concerns, for which Accenture is genuinely appreciative. Of particular note, it was very helpful that the State provided caselaw citations and detailed explanations of its concerns and interests. Based on this approach by the State, and Accenture's similar commitment to the State's concerns, we are very confident that we will be able to expeditiously reach agreement on a contract that fairly and reasonably balances the interests and concerns of both parties.

One item of particular importance to both Accenture and the State that will need to be discussed in greater detail is the provision related to payment upon termination for convenience. We completely agree with the State's perspective that terms relating to "work in progress" should not open the door to abuse by the vendor to make claims for the full contract value. Accenture's position on the issue is only for fairness – payment for work that has actually been performed in compliance with the contract. This right to be paid for our compliant work is a threshold issue for Accenture, and we are confident that we can work together to achieve a resolution that will be acceptable to the State.

**Closing**

Accenture has a long and successful track record of delivering projects for public and private sector clients that meet or exceed expectations, and we are very interested in doing the same for the IME. Please contact me at (703) 947-3496 should you have any questions regarding this BAFO submission or require additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Deelsnyder", with a long horizontal flourish extending to the right.

Christopher Deelsnyder  
Accenture LLP  
Managing Director, Health and Public Service  
11951 Freedom Drive  
Reston, Virginia 20190

## Attachment N: Pricing Schedules (BAFO UPDATED)

This section includes the following Attachment N pricing schedules for the BAFO submission of this procurement.

**Table 18: Pricing Schedule Attachments**

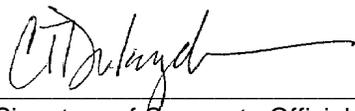
Identifier	Title of Pricing Schedule
N-1	Pricing Schedule for MMIS Implementation
N-1A	Pricing Schedule for MMIS Implementation for Optional SUR Component
N-2	Pricing Schedule for MMIS Software Costs
N-3	Pricing Schedule for MMIS Hardware Costs
N-4	Pricing Schedule for MMIS Operational Services
N-5	Pricing Schedule for MMIS Implementation for Optional Waiver, Facility and Enhanced State Plan Services Management
N-6	Pricing Schedule for MMIS Operational for Optional Waiver, Facility and Enhanced State Plan Services Management
N-7	Pricing Schedule for Summary of Total MMIS Proposal

## Pricing Schedule N-1

### MMIS Implementation

Milestones	Release %	Total Phase Price
Project Initiation Activities	5%	\$2,376,004
Requirements Analysis	15%	\$7,128,012
Business and Technical Design	10%	\$4,752,008
Comprehensive Testing Plan	5%	\$2,376,004
Conversion Activities	10%	\$4,752,008
Development Activities	15%	\$7,128,012
System Testing	10%	\$4,752,008
Acceptance Testing	10%	\$4,752,008
MMIS Implementation	15%	\$7,128,012
Certification of MMIS	5%	\$2,376,004
Other Costs (Facility) - Facility Rent of \$475,490 - Facility Operating Costs of \$953,377 - Facility Leasehold Improvements of \$566,615		\$1,995,482
<b>Total Price</b>		<b>\$49,515,562</b>

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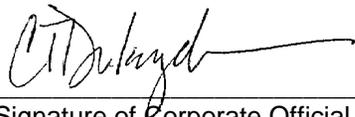
## Pricing Schedule N-1A

### MMIS Implementation for Optional SUR Component

Milestones	Release %	Total Phase Price
Project Initiation Activities	5%	\$124,164
Requirements Analysis	15%	\$372,492
Business and Technical Design	10%	\$248,328
Comprehensive Testing Plan	5%	\$124,164
Conversion Activities	10%	\$248,328
Development Activities	15%	\$372,492
System Testing	10%	\$248,328
Acceptance Testing	10%	\$248,328
MMIS Implementation	15%	\$372,492
Certification of MMIS	5%	\$124,164
<b>Total Price</b>		<b>\$2,483,280</b>

\* SUR MAINTENANCE ON SCHEDULE N-4

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## Pricing Schedule N-2

### MMIS Software Costs

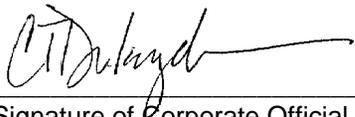
Software Product	Number of Licenses	License Type	COTS or Proprietary	Costs	
		Concurrent, Named, or Site		Purchase Price	Annual Maintenance Fee*
Microsoft Windows Server Standard	27	Concurrent	COTS	\$22,305	\$3,186**
Microsoft Windows Server Enterprise	31	Concurrent	COTS	\$83,222	\$11,888**
Microsoft Sharepoint Internet Sites Standard	3	Concurrent	COTS	\$40,295	\$5,756**
Microsoft BizTalk Server Enterprise	3	Concurrent	COTS	\$151,121	\$21,589**
Microsoft SQL Server Enterprise	8	Concurrent	COTS	\$78,280	\$11,183**
Microsoft System Center Operations Manager Server Enterprise	2	Concurrent	COTS	\$984	\$140**
Microsoft System Center Operations Manager Client	2	Concurrent	COTS	\$1,994	\$96**
Microsoft Forefront Endpoint Protection	1	Concurrent	COTS	\$471	\$52**
Microsoft Dynamics CRM Server	4	Concurrent	COTS	\$16,046	\$2,292**
Microsoft Dynamics CRM External Connector	2	Concurrent	COTS	\$8,023	\$1,146**
Microsoft Dynamics CRM Client	20	Concurrent	COTS	\$16,017	\$2,287**
EMC Captiva	1	Site	COTS	\$288,540	\$58,105
K2 Blackpearl	1	Site	COTS	\$161,500	n/a
ArcSight	1	Site	COTS	\$130,788	\$23,628
Hyland OnBase	1	Site	COTS	\$0	\$75,000
APHP / Plexis Quantum Choice	1	Site	COTS	\$1,000,000	\$1,500,000
VanDyke VShell Server/Secure FX	1	Site	COTS	\$2,172	\$272
Pitney-Bowes STP Enterprise Geocoding / Location Intelligence Module	10	Concurrent	COTS	\$138,000	\$48,316

Software Product	Number of Licenses	License Type	COTS or Proprietary	Costs	
OptumInsight Prospective Payment Package	1	Site	COTS	\$0	\$90,000
<b>Total</b>				<b>\$2,139,758</b>	<b>\$1,854,936</b>

\*Enter if applicable

\*\*Note: Purchase Price includes first 3 years of maintenance. Annual Maintenance Fee is the annual fee for year 4 onward.

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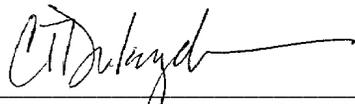
## Pricing Schedule N-3

### MMIS Hardware Costs

Hardware Product	Number of Licenses	COTS or Proprietary	Costs	
			Purchase Price	Annual Maintenance Fee*
HP DL360 (2 CPUs, 32GB RAM)	8	COTS	\$31,962	\$2,711
HP DL360 (1 CPU, 16GB RAM)	3	COTS	\$10,346	\$1,017
HP DL360 (2 CPUs, 16GB RAM)	2	COTS	\$7,725	\$678
HP DL580 (4 CPUs, 256GB RAM)	6	COTS	\$131,343	\$3,494
HP DL580 (4 CPUs, 384GB RAM)	2	COTS	\$54,583	\$1,165
HP DL580 (4 CPUs, 512GB RAM)	2	COTS	\$65,385	\$1,165
EMC VNX 5300 PSI	2	COTS	\$191,263	\$8,228
EMC DD670 PSI	2	COTS	\$287,340	\$43,428
<b>Total</b>			<b>\$779,947</b>	<b>\$61,886</b>

\*Enter if applicable

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**Pricing Schedule N-4**  
**MMIS Operational Services**

Line Item	Year 1	Year 2	Year 3	Year 4	Year 5	Opt 1	Opt 2	Opt 3	Total
<b>Operations</b>									
Salaries and Benefits	\$12,282,107	\$7,900,609	\$7,163,686	\$7,050,199	\$7,070,539	\$6,166,365	\$6,232,964	\$6,396,007	\$60,262,476
Administrative Overhead	\$1,557,745	\$1,180,551	\$1,070,436	\$1,053,478	\$1,056,518	\$921,411	\$931,363	\$955,726	\$8,727,228
<b>Other Costs (itemized in the following rows)</b>									
APHP / Plexis Quantum Choice Software Maintenance	\$0	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$1,500,000	\$10,500,000
Other Product Software Maintenance (Microsoft, EMC, ArcSight, Hyland, Van Dyke, Pitney Bowes, OptumInsight)	\$0	\$295,321	\$295,321	\$354,936	\$354,936	\$354,936	\$354,936	\$354,936	\$2,365,322
Hardware Maintenance	\$0	\$61,885	\$61,885	\$61,885	\$61,885	\$61,885	\$61,885	\$61,885	\$433,195
Mailroom - Mainstream Services	\$254,636	\$202,254	\$202,561	\$210,916	\$214,476	\$210,713	\$212,411	\$222,717	\$1,730,684
Fulfillment - Standard Register Software	\$174,233	\$138,391	\$138,601	\$144,318	\$146,754	\$144,179	\$145,341	\$152,393	\$1,184,210
Performance Bond	\$70,049	\$53,403	\$39,447	\$26,424	\$13,308	\$11,798	\$11,795	\$12,863	\$239,087
<b>Total</b>	<b>\$14,338,770</b>	<b>\$11,332,414</b>	<b>\$10,471,937</b>	<b>\$10,402,156</b>	<b>\$10,418,416</b>	<b>\$9,371,287</b>	<b>\$9,450,695</b>	<b>\$9,656,527</b>	<b>\$85,442,202</b>
Optional SUR Price	\$106,677	\$253,405	\$476,734	\$493,148	\$510,289	\$464,969	\$480,075	\$286,157	\$3,071,454

\* Only itemize Hardware and Software operations and maintenance costs for years 2-5 and Option years 1-3.

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## Pricing Schedule N-5

### MMIS Implementation for Optional Waiver, Facility and Enhanced State Plan Services Management

Milestones	Release %	Total Phase Price
Project Initiation Activities	5%	\$56,704
Requirements Analysis	15%	\$170,112
Business and Technical Design	10%	\$113,408
Comprehensive Testing Plan	5%	\$56,704
Conversion Activities	10%	\$113,408
Development Activities	15%	\$170,112
System Testing	10%	\$113,408
Acceptance Testing	10%	\$113,408
MMIS Implementation	15%	\$170,112
Certification of MMIS	5%	\$56,704
<b>Total Price</b>		<b>\$1,134,080</b>

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## Pricing Schedule N-6

### MMIS Operational Services for Optional Waiver, Facility and Enhanced State Plan Services Management

Line Item	Year 1	Year 2	Year 3	Year 4	Year 5	Opt 1	Opt 2	Opt 3	Total
<b>Operations</b>									
Salaries and Benefits	\$26,885	\$27,893	\$28,271	\$29,401	\$30,578	\$31,801	\$33,073	\$34,281	\$242,183
Administrative Overhead	\$4,018	\$4,168	\$4,225	\$4,394	\$4,569	\$4,752	\$4,942	\$5,123	\$36,191
<b>Other Costs (itemized in the following rows)</b>									
<b>Total</b>	<b>\$30,903</b>	<b>\$32,061</b>	<b>\$32,496</b>	<b>\$33,795</b>	<b>\$35,147</b>	<b>\$36,553</b>	<b>\$38,015</b>	<b>\$39,404</b>	<b>\$278,374</b>

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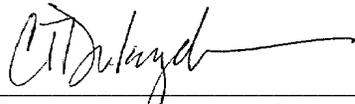
Date

## Pricing Schedule N-7

### SUMMARY OF TOTAL MMIS PROPOSAL

Component	Implementation Price	Base Operational Price	Extension (36 Months) Operational Price	Total
MMIS	\$49,515,562	\$56,963,693	\$28,478,509	\$134,957,764
Optional SUR	\$2,483,280	\$1,840,253	\$1,231,201	\$5,554,734
Optional Waiver, Facility and Enhanced State Plan Services Management	\$1,134,080	\$164,402	\$113,972	\$1,412,454
<b>Total Price</b>	<b>\$53,132,922</b>	<b>\$58,968,348</b>	<b>\$29,823,682</b>	<b>\$141,924,952</b>

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## Program Integrity Management

In this environment of extreme budget pressures when dramatic program changes are real possibilities, there is an increasing concern about reducing fraud and other inappropriate payments in the delivery system. To assist DHS to meet the challenges of reducing fraud and abuse, OptumInsight will install its Fraud and Abuse Detection System (IFADS) solution.

The OptumInsight web-based IFADS solution incorporates components that use several different methodologies to uncover fraud, waste, and abuse, and provide components that aid investigators in their research and validation of apparently suspicious behaviors. OptumInsight offers an overall system that incorporates the use of three distinct discovery components that work as complements in order to thoroughly analyze claims data and detect anomalies. These tools are supported by several other investigative software components and the experienced resources offered by the OptumInsight fraud detection support staff.

IFADS provides the ability to research aberrant behaviors, with a minimum of false positives, and confidently pursue suspicious providers and clients, in order to increase the amount of recovered dollars

- Meets the MECT Program Integrity Checklist. IFADS was CMS Certified in the State of Washington, July 2011
- Fully Web-based
- Integrated Case Tracking
- Ability to review Services provided in Long Term Care facilities

IFADS is a MITA-aligned solution that features a suite of complementary tools designed to help identify and manage fraud and abuse investigations from detection through collection. IFADS provides the ability to research aberrant behaviors with a minimum of false positives. As a result, investigative staff can confidently pursue suspicious activity on the part of both providers and recipients.

### Project Understanding and Approach

Having implemented and supported the State's current IFADS system as part of OptumInsight's Program Integrity contract with DHS, as well as supporting the States' PI personnel operationally, OptumInsight is well versed in understanding the State's PI efforts and needs. Through this experience and OptumInsight's PI experience in 24 states, Accenture and OptumInsight have a thorough understanding of DHS' requirements for the replacement of the Core Legacy SURS system. Leveraging its current CMS certifiable installation of IFADS for DHS, the majority of the components and functionality of IFADS described in the Detailed Description section below will be very familiar to the Department and their PI staff.

To expedite our approach, OptumInsight will utilize the same OptumInsight IFADS Product Team who implemented the PI-contract system installation and who are currently also responsible for supporting the PI Staff, to install the MMIS replacement system. This provides advantages for the State, as the DDI staff from OptumInsight are well versed in IME Program Integrity and Medicaid policy and procedures, as well as the analytics and reports currently being utilized by the State. In addition to having already installed IFADS for DHS, the IFADS project team is already knowledgeable of the requirements needed for the system, as well as how the system is being utilized by the OptumInsight PI Services Staff to support the investigation of suspicious providers and recipients.

Our approach will follow how all OptumInsight engagements are planned and executed using OptumInsight's project management methodology, which is comprised of the best practices of the Project Management Institute's (PMI) PMBOK (including the Government Extension). Leading best-practice methodologies, coupled with OptumInsight professionals who have managed and executed similar projects successfully in the past, provide a proven framework in addition to a coherent set of tools that support a structured yet flexible approach to managing the implementation of IFADS for the Department.

Having implemented IFADS (or its legacy predecessor) in more than 15 sites (and 4 additional projects currently underway), OptumInsight uses repeatable and proven implementation processes and documentation throughout the project lifecycle, and afterwards for ongoing operational and maintenance support.

## IFADS Navigation and Access

IFADS incorporates user friendly components, simple navigation conventions, and a Graphical User Interface (GUI) that allows all users to move freely throughout the system using pull down menus, window tabs, and “point-and-click” navigation. The navigation process is completed without having to enter identifying data multiple times. “Help” screens are included and are context-sensitive in order to provide for ease of use.

## Detailed Description

IFADS is an umbrella term that refers to a software suite of tools. Three components are used to discover the apparent abnormal behaviors, and five additional components provide additional tools to support the investigation of those abnormal behaviors. All of these components, with the exception of Long Term Care Review, are currently part of the IME’s IFADS installation under the current PI contract and are detailed below.

### IFADS is comprised of the following two Discovery components:

***OptumInsight Surveillance and Utilization Review Subsystem (ISUR):*** ISUR offers flexibility in the creation of meaningful peer group profiles that quickly deliver actionable results. It has a user-friendly interface, and includes many new and enhanced features that simplify the use of the tool by DHS PI staff (e.g., embedded online help, hover text, drill downs to supporting reports, code translations, etc.) that were not yet available in our original installation. ISUR studies can be run on a scheduled or on-demand basis. As part of the implementation process, OptumInsight will transfer all of the Department’s current ISUR studies and historical results into the new IFADS installation.

***Long Term Care:*** Monitoring the activity being billed to the Program on behalf of the residents in long term care facilities has always been difficult. Except for claims submitted by the facility itself, claims by physicians, DME providers, pharmacies, and hospitals for other services rendered, or purported to be rendered, for LTC residents do not contain the name or ID of the nursing home. This makes it very time consuming and frustrating to gather all of the relevant data for an investigation of, say, a podiatrist’s total activity.

The LTC Review component gathers all of the claims data submitted by any provider for any resident of any LTC facility. It then sorts, sums, and analyzes this data to produce several reports, and drill down reports from those summaries into the underlying claims data. One view of the data analyzes the billing activity of the providers (physicians, DME, pharmacies) serving the residents of each nursing home. Yet another view of the data looks across the activity of physicians servicing nursing home residents to review their patterns of claims submission, visits per single First Dates of Service, procedure codes billed, etc. This component of IFADS is not currently installed in the IME’s IFADS installation.

***Provider Activity Spike Detection:*** OptumInsight’s Provider Activity Spike Detection component detects providers who have had large increases (or decreases) in billing activity. This component takes a different view of the data than ISURS, by comparing a provider against himself over the past 26 weeks. By proactively surveying these providers after each weekly data load, state PI staff can quickly identify providers whose revenue growth rate rises at an unexpectedly or suspiciously high rate, or suddenly drops for reasons that likely should be reviewed (perhaps previous billings were high, or under review, or scrutiny was sensed, and the provider decided to suddenly close his door, but recoveries may still be possible if action is taken quickly).

The figure below is an example of one of the program integrity spike detection reports.

Provider Type Cd	Provider Type Desc	Min Pd Amt	Min % Change Pd Amt	Min % Change Recip Count	Min % Change Clm Count
421	Dentist	\$10,000.00	40%	40%	40%

Row	ProvID	Prov Name	Provider Type Cd	Prev Week Paid Amt	Curr Week Paid Amt	% Change Paid Amt		Prev Week Recip Count	Curr Week Recip Count	% Change Recip Count		Prev Week Claim Count	Curr Week Claim Count	% Change Claim Count	
						From:	To:			From:	To:			From:	To:
1	<a href="#">00088156</a>	PROVIDER 131925	421	\$0.00	\$22,872.52			0	8			0	12		
2	<a href="#">00068622</a>	PROVIDER 4164	421	\$7,907.28	\$11,069.07	40.00%		56	47	-16.0%		175	176	1.0%	
3	<a href="#">00077532</a>	PROVIDER 192579	421	\$9,048.62	\$14,569.41	61.00%		35	49	40.0%		183	283	55.0%	
4	<a href="#">33907595</a>	PROVIDER 26229	421	\$8,106.09	\$11,884.47	47.00%		59	97	64.0%		245	406	66.0%	
5	<a href="#">91920540</a>	PROVIDER 56380	421	\$11,516.09	\$18,752.15	63.00%		100	155	55.0%		397	698	76.0%	
6	<a href="#">90776399</a>	PROVIDER 58826	421	\$11,133.02	\$18,023.11	62.00%		86	150	74.0%		382	626	64.0%	
7	<a href="#">93175027</a>	PROVIDER 126145	421	\$7,500.94	\$19,423.76	159.00%		24	31	29.0%		161	282	75.0%	
8	<a href="#">89687043</a>	PROVIDER 119090	421	\$8,546.11	\$12,329.40	44.00%		37	44	19.0%		273	356	30.0%	

Figure 1: Provider Activity Spike Detection, Increase Report

The U.S. HHS/OIG has recently (within the past 18 months) warned states that at least eight different organized crime groups are moving into the health care arena quickly and efficiently, since it is a safer way to make profits than their traditional markets, and the revenue possibilities are potentially greater over time. A group obtains an ID using the name of a front person with no criminal record, or they buy an ID from a provider who is retiring or selling his business. Once enrolled, the front person ‘sells’ the business to the group, usually within a few days. The group then immediately begins to submit excessive amounts of claims to the program over the first few weeks, and then disappears. Typical losses have been in the low millions over just a few weeks. Another report produced by the Provider Activity Spike Detection component is one that details those ‘new’ provider IDs who have not been paid in previous weeks. This gives the PI staff an early warning of those Provider IDs that should be more closely watched over the coming weeks for excessive dumping of claims.

IFADS contains the following five Research components to support investigations:

**Browse and Search:** IFADS also includes querying functionality referred to as Browse and Search. This very useful and powerful tool may well be the most heavily used capability of IFADS. ‘Browse and Search’ enables a user to view detailed information about claims (both headers and details of all claim types), and related providers and members, without leaving the IFADS software. This will enable the research necessary for fraud investigations to proceed much quicker and with much less frustration, especially since many fields are hyperlinked to related information and access is only a mouse click away. Following are examples of the usefulness that the tool provides, with its sorting and filtering capabilities:

The user can start with a claims header browse and search, filter the results to one provider, sort his claims by member ID, then specify a date range for FDOS paired with a specific member ID, then drill down to the line items for that claim. The figure below depicts limiting the view of claims to one pair of rendering provider ID/member ID, within a range of FDOS, sorted by FDOS ascending. Any underlined field is an easy hyperlink to additional supporting information.

**Claims Pages - Detail Information at the TCN Header and Line Item Level**

The user can start with a provider ID to view his demographic information, click on his address to map to Google Earth or the like, then return to the demographic page to view the provider’s enrollment history, then click to see a display of all of the claims carried in the fraud data mart on which this provider was the treating/rendering provider (or the pay to/billing provider, if desired).

**Reference Code Lookups:** IFADS includes a lookup function for commonly used fields that typically have valid values associated with them, such as Category of Service, Claim Types, Counties, Diagnoses, Procedure Codes and Modifiers, NDC, Place of Service, and Provider Types and Specialties. The figure below shows a sample lookup on NDCs, using a wildcard looking for all drugs starting with the characters ‘oxyc.’

**Executive Office of Health and Human Services  
National Drug Codes**

Order By:

Row Number	NDC	Drug Name	Drug Generic Name	GCN	Thera Class Spec
1	00054279525	OXYCODONE WW/APAP 5/500 CAP	OXYCODONE HCL/ACETAMINOPHEN	70500	H3A
2	00054865011	OXYCODONE WW/APAP 5/325 TAB	OXYCODONE HCL/ACETAMINOPHEN	70491	H3A
3	00054865311	OXYCODONE/ASA 4.88/325 TAB	OXYCODONE/ASPIRIN	70481	H3A
4	00054865711	OXYCODONE HCL 5MG TABLET	OXYCODONE HCL	16290	H3A
5	00093002401	OXYCODONE HCL 10 MG ER TABL	OXYCODONE HCL	16282	H3A
6	00093003101	OXYCODONE HCL 20 MG ER TABL	OXYCODONE HCL	16283	H3A
7	00093003201	OXYCODONE HCL 40 MG ER TABL	OXYCODONE HCL	16284	H3A
8	00093003301	OXYCODONE HCL ER 80 MG TAB	OXYCODONE HCL	16286	H3A
9	00115184401	OXYCODONE HCL ER 80 MG TAB	OXYCODONE HCL	16286	H3A
10	00115702601	OXYCODONE 5 MG TABLET	OXYCODONE HCL	16290	H3A
11	00144063001	OXYCODONE WW/APAP 5/500 CAP	OXYCODONE HCL/ACETAMINOPHEN	70500	H3A
12	00172635460	OXYCODONE HCL 10 MG TAB SA	OXYCODONE HCL	16282	H3A
13	00172635560	OXYCODONE HCL 20 MG TAB SA	OXYCODONE HCL	16283	H3A
14	00172635660	OXYCODONE HCL 40 MG TAB SA	OXYCODONE HCL	16284	H3A

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Figure 2: NDC Reference Lookup Starting with ‘oxyc’, Using Wildcard Functionality

**Random Sampling:** IFADS Random Sampling component provides users with a robust, statistically valid, and court-tested capability to draw simple random samples of claims or simple samples of providers and members.

The user is presented with a series of optional prompts to enable him/her to limit the universe of records from which the sample is created. Users are able to generate random samples from the entire universe of claims, providers, or members, or from a subset, based on user criteria supplied within a prompt. Users can limit providers by provider type, category of service, or specialty. Users can limit members by program code, county, or category of eligibility. Users can limit the claims universe by claim type, provider ID, procedure code (or range of procedure codes), First Date of Service (or range of First Dates of Service), and FFS vs. encounter. For example, the user could ask to generate:

- A sample of all claims
- A sample of all claims for Dr. Smith,
- A sample of all claims for Dr. Smith for procedure code 99999
- A sample of all claims for Dr. Smith for procedure code 99999 for a specified range of First Dates of Service.

Upper and lower 80%, 90%, 95%, and 99% confidence intervals around the sample mean are also produced for the line item claim paid amount.

**Case Tracking:** An integrated case tracking component is included in IFADS. As part of the implementation process, OptumInsight will transfer all of the Department’s current IFADS Cases into the new IFADS installation.

Case Tracking includes the abilities to:

- map to the user’s provider or client table to retrieve demographic information
- track and report on preliminary and full scale investigations separately
- compose and schedule emails to be sent at future dates to multiple addresses (to self as a reminder, to a provider regarding a missing payment, to an attorney notifying them of an upcoming hearing, to a manager asking to review case materials, etc.)
- attach files of any type to a case to create a single collection point of information; these files can reside on the user’s hard drive, a LAN drive, or a SharePoint URL
- record investigator’s notes (max of 4,000 characters per note, no limit on the number of notes per case or per day)
- link the results from SUR studies and fraud algorithms to a case
- associate a name or ID to a case in those situations where the investigator suspects a link between the subject of the case and another entity (whether or not that entity has an open case against them, or even has a Medicaid ID); the user can record notes to themselves about their suspicions to be addressed at a later time.
- track the financial recoveries of a case
- track one or more appeals of a case
- track the history of changes to most fields.

**Report Library:** This is an open-ended library of analytical reports that will be delivered with a number of pre-built reports, and can be added to over time as the state’s needs change. The reports delivered with the system include “Top N Reports” (by procedure code, diagnosis code, and NDC), and dollar summary reports by billing and treating providers by time periods (year, quarterly, and weekly).

In addition to these components, the IFADS Portal provides links to historical User Meeting materials, state provider billing manuals if they are available, and links to external information about real-time current fraud and abuse news in an RSS feed from an internet search engine. Also available from the IFADS portal are the User Manual and Training Guide.

## Surveillance Utilization And Review

As one of a state’s fraud detection tools, the surveillance and utilization review system (SURS) should be one of the pivotal pieces of any Medicaid system because it supports the investigation of potential fraud, abuse, or misuse of the Medicaid program by providers or members. Unfortunately, SURS has typically been an underutilized tool by most states, due mostly to its complexity, extensive learning curve, long turnaround time for results, and difficulty of use (batch or batch-like mode which translate to infrequent runs). ISURS addresses this problem by providing DHS staff with an easy to use tool to analyze historical data and develop profiles of health care delivery and service utilization patterns. ISURS enables users to build their own studies and queries without technical help, on-demand from their desktops, with results available within hours. ISURS provides a full complement of reports to delineate and disseminate the “suspects” (ranking reports, profiles, frequency distributions, drill-down reports to supporting claims). Drill-down capability is embedded in these reports, allowing users to navigate from a summary total in a profile to the underlying claim detail with the simple click of a mouse. This powerful functionality speeds the analysis efforts and greatly increases the productivity of investigative staff.

## ***IFADS Fraud Data Mart***

ISURS uses a fraud data mart, populated by input from the MMIS. Data elements in the fraud data mart will be maintained as they are today and the feed will be updated to accommodate the new MMIS being installed for the IME. Some of the more common data elements in the Fraud Data Mart includes, but is not limited to:

- Individual provider IDs (using NPIs, subsets, and/or group IDs, if available)
- Individual member IDs (and household/case IDs, if available)
- Claim types (e.g., inpatient, outpatient, transportation, drug, dental, durable medical equipment, home health, mental health)
- Procedure and diagnosis codes (by individual or range of codes, at header and line level)
- First date of service (FDOS) and last date of service (LDOS)
- Place of service (POS)
- Units of service (UOS)
- Paid and billed amounts
- Plan codes
- Zip codes and regional/county designations
- Member age, ethnic group, gender, geographic region, program category, special program code, financial funding categories, aid category, and living arrangement/LTC indicator
- Provider types and specialties, category of service, practice type, enrollment status, facility type (and number of beds, if appropriate), geographic region, and PCP status
- Drug related fields such as UOS, days supplied, DAW code, GCN, GSN, NDC, therapeutic class—standard and therapeutic class—specialty, and, if available, compound code, refill indicator, and OTC indicator

## ***SURS Studies and Profiling***

One of the key functional advantages that ISURS offers is its ability to produce comprehensive statistical profiles by provider peer groups and member peer groups using various criteria. Provider peer groups can be grouped not only by the traditional provider type and/or specialty, but by any other characteristic that the user so desires (e.g., procedure codes, or diagnosis codes, or place of service, etc.). The grouping characteristic is not limited to fields from the provider table. Fields from the claim header table, the claim detail table, or even the member table can be used as grouping characteristics to study provider service and billing practices. In addition, fields from all of these tables can be combined in order to construct very focused peer groups to hone in on specific patterns. For example:

- **Dental space maintainers:** In order to look for dentists who were paid for an unusually high rate of space maintainers, a peer group could be constructed that specifies a provider type (from the provider table) of dentist, a role on the claim of 'biller/pay to', and a procedure code (from the claim detail) indicating space maintainers. Thus, the peer group would consist of only those dentists who had billed for at least one space maintainer during the time period studied.
- **Non-emergency transportation (NET):** Being able to review both the member and provider side of an issue using ISURS has shown to be especially effective in NET studies. The billing provider study looks at aggregations such as average dollars paid per member, average dollars paid per claim, and average number of claims per member. The member-based study looks at aggregations such as total claims paid and total units of service (i.e., miles). Because there is a convenient drill-down capability into the supporting claims, it is easy to determine the NET providers who are servicing the high ranking members, and cross reference them to the ranking report generated by the billing provider study.

In addition to studying aberrant billing practices of providers, ISURS studies can be created that focus on any role a provider plays on claims, e.g., billing, treating/performing/rendering, attending, ordering/referring, prescribing, PCP, or other roles if tracked by DHS.

The figure below shows a few of the peer grouping studies that can be built using ISURS.

Study Name ▲	Created By	Date	Last Updated By	Date	Last Run				
Amb: ALS & BLS billings	STHO	10/05/2008	11:28 AM	TSTI	08/06/2009	02:30 PM	08/31/2009	08:52 AM	<a href="#">Schedule</a>
Dental: Billing of Space Maintainers	mhod	01/25/2008	02:10 PM	TSTI	08/06/2009	02:40 PM	08/06/2009	03:05 PM	<a href="#">Schedule</a>
Dental: Exam, Sealant, Filling, Xray	mhod	01/24/2008	09:33 AM	TSTI	08/06/2009	02:43 PM			<a href="#">Schedule</a>
Dental: narc prescribing activity	mhod	01/24/2008	04:11 PM	GHIL	10/26/2009	09:53 AM	10/26/2009	10:30 AM	<a href="#">Schedule</a>
Dental: SSC, Extr, Rt Can, SpaceMnth, Age 0-6	LMCS	07/03/2008	09:46 AM	TSTI	08/06/2009	03:27 PM			<a href="#">Schedule</a>
Dental: SSCrown, Extractn, Rt Canal, Recip age 0-6	mhod	01/16/2008	11:27 AM	TSTI	08/06/2009	02:47 PM			<a href="#">Schedule</a>
DME: Oxygen Equipment	STHO	10/05/2008	02:29 PM	TSTI	08/06/2009	02:49 PM	08/07/2009	11:32 AM	<a href="#">Schedule</a>
DME: Wheelchair Study	mhod	02/27/2008	11:39 AM	TSTI	08/06/2009	02:51 PM	09/14/2009	07:02 PM	<a href="#">Schedule</a>
LA: Port X-ray, R0070-R0075, Bill prov, FFS	LMCS	07/01/2008	03:12 PM	TSTI	08/06/2009	02:52 PM	08/07/2009	01:05 PM	<a href="#">Schedule</a>
Modifier 25: Use by Physicians w All E&M Services	LMCS	08/01/2008	11:48 AM	TSTI	08/06/2009	02:53 PM	08/07/2009	01:55 PM	<a href="#">Schedule</a>
Modifier 25: Use by Physicians w Est Pt OVs	LMCS	07/30/2008	02:11 PM	TSTI	08/06/2009	02:54 PM	08/25/2009	12:14 PM	<a href="#">Schedule</a>
NET: by Client, Ages 65 +	STHO	10/06/2008	11:37 AM	TSTI	08/06/2009	02:55 PM			<a href="#">Schedule</a>
NET: by Providers for Clients 65+	STHO	10/06/2008	12:09 PM	TSTI	08/06/2009	02:59 PM			<a href="#">Schedule</a>
NH: residents use of DME/RwPodiatry/Hearing	mhod	02/29/2008	01:37 PM	TSTI	08/06/2009	03:01 PM	08/25/2009	12:24 PM	<a href="#">Schedule</a>
Nursing Home; Resident Clms wth Urgent Diags	mhod	01/28/2008	12:04 PM	TSTI	08/06/2009	03:03 PM			<a href="#">Schedule</a>
Phys: Common Add On codes w Office Visits	LMCS	07/22/2008	11:45 AM	TSTI	08/06/2009	03:04 PM	08/25/2009	12:34 PM	<a href="#">Schedule</a>

Figure 3: ISURS Study List

ISURS also includes a “Wizard” that enables users to build a basic SUR study in less than a minute using a five-step process. Wizard studies are based on state defined provider types (or groups of taxonomy codes) and on the provider’s role on a claim (pay to/billing, treating/rendering, or prescribing). Additionally, with a click on a checkbox, the user can include/exclude crossover claims, and include/exclude FFS or encounter claims from the study.

Novice users can quickly and easily build an ISURS study that does not require significant understanding of either the ISURS software or health care claims.

Experienced users can quickly and easily build a simple shell of a study that they can later augment and fine-tune as an investigation progresses by adding additional report items to the study, by changing default processing options, and by narrowing the definition of the study group.

The screenshots below show the simple steps.

Data Rule | Behavior Pattern | Report Item | Report Section | Study Group | Study | [Job Monitor](#) | [Study Wizard](#) | [ImpactPI Home](#)

**Provider Wizard:** The Wizard creates a basic provider Study in five quick steps.

**Step 1 of 5: Name and describe your Study**

**Study Information**

**Study Name:** AZ: demo study for the ISUR Wizard

**Study Description:** This study will demonstrate the five step process to build a pay to provider study on DME suppliers

**Provider Role:**  Pay To  Prescribing  Treating

[Learn More](#)

[← Back](#) | [Next →](#) | [Cancel/Return](#)

Figure 4: Name the Study, Enter a Description, Choose a Provider Role

Data Rule | Behavior Pattern | Report Item | Report Section | Study Group | Study | [Job Monitor](#) | [Study Wizard](#) | [ImpactPI Home](#)

**Provider Study Wizard:** The Wizard creates a basic Provider Study in five simple steps.

**Step 2 of 5: Define your Provider Study Group**

**Study Name:** AZ: demo study for the ISUR Wizard **Provider Role:** Pay To

**Study Description:** This study will demonstrate the five step process to build a pay to provider study on DME suppliers.

**Select a Study Group:**

Study Group Name	Last Updated: By	Date	
WZ:Role=PayTo; Type=Dentist	WZRD	12/28/2007 01:29 PM	<a href="#">View</a>
WZ:Role=PayTo; Type=Hospital, General	WZRD	12/28/2007 01:30 PM	<a href="#">View</a>
WZ:Role=PayTo; Type=Medical Supply Company	WZRD	12/28/2007 01:33 PM	<a href="#">View</a>
WZ:Role=PayTo; Type=Pharmacy	WZRD	12/28/2007 01:33 PM	<a href="#">View</a>
WZ:Role=PayTo; Type=Physician, DO	WZRD	12/28/2007 02:56 PM	<a href="#">View</a>
WZ:Role=PayTo; Type=Physician, MD	WZRD	12/28/2007 01:34 PM	<a href="#">View</a>

**Enter new unique name for your Study Group:** AZ:Role=PayTo; Type=Medical Supply Company

**Fee for Service/Managed Care Claims**

Fee for Service Only  
 Managed Care Only  
 Fee for Service and Managed Care

**Medicare Crossover Claims**

Include  Exclude

[← Back](#) | [Next →](#) | [Cancel/Return](#)

Figure 5: Wizard, Step 2: Choose the Study Group, Re-name It, Choose Options

Data Rule	<a href="#">Behavior Pattern</a>	Report Item	Report Section	Study Group	Study	<a href="#">Job Monitor</a>	<a href="#">Study Wizard</a>	<a href="#">ImpactPI Home</a>
-----------	----------------------------------	-------------	----------------	-------------	-------	-----------------------------	------------------------------	-------------------------------

**Provider Wizard:** The Wizard creates a basic provider Study in five quick steps.

**Step 3 of 5: Name your Report Section**

**Study Name:** AZ: demo study for the ISUR Wizard  
**Study Group:** AZ:Role=PayTo; Type=Medical Supply Company  
**Study Description:** This study will demonstrate the five step process to build a pay to provider study on DME suppliers.

**Provider Role:** Pay To  
**Fee For Service/Encounter Claims:** Fee for Service Only  
**Crossover Claims:** Exclude

Enter new unique name for your Report Section:

**Report Section Name:**

[Learn More](#)

Figure 6: Wizard, Step 3: Re-name the System-built Report Section

Data Rule	<a href="#">Behavior Pattern</a>	Report Item	Report Section	Study Group	Study	<a href="#">Job Monitor</a>	<a href="#">Study Wizard</a>	<a href="#">ImpactPI Home</a>
-----------	----------------------------------	-------------	----------------	-------------	-------	-----------------------------	------------------------------	-------------------------------

**Provider Wizard:** The Wizard creates a basic provider Study in five quick steps.

**Step 4 of 5: Define Time Period(s) for your Study**

**Study Name:** AZ: demo study for the ISUR Wizard  
**Study Group:** AZ:Role=PayTo; Type=Medical Supply Company  
**Report Section:** AZ:PayTo Provider Report Section  
**Study Description:** This study will demonstrate the five step process to build a pay to provider study on DME suppliers.

**Provider Role:** Pay To  
**Fee For Service/Encounter Claims:** Fee for Service Only  
**Crossover Claims:** Exclude

**Time Periods**

**From: (mm/dd/yyyy)**

**To: (mm/dd/yyyy)**

Figure 7: Enter One to Five Time Periods

Data Rule	<a href="#">Behavior Pattern</a>	Report Item	Report Section	Study Group	Study	<a href="#">Job Monitor</a>	<a href="#">Study Wizard</a>	<a href="#">ImpactPI Home</a>
-----------	----------------------------------	-------------	----------------	-------------	-------	-----------------------------	------------------------------	-------------------------------

**Provider Wizard:** The Wizard creates a basic provider Study in five quick steps.

**Step 5 of 5: Save and schedule your Study**

**Study Name:** AZ: demo study for the ISUR Wizard  
**Study Group:** AZ:Role=PayTo; Type=Medical Supply Company  
**Report Section:** AZ:PayTo Provider Report Section  
**Study Description:** This study will demonstrate the five step process to build a pay to provider study on DME suppliers.

**Provider Role:** Pay To  
**Fee For Service/Encounter Claims:** Fee for Service Only  
**Crossover Claims:** Exclude

**Time Period(s):** **Time Period 1**  
**From:** 01/01/2009  
**To:** 12/31/2009

Figure 8: Wizard, Step 5: Save the Study, Then Schedule Execution

## **SURS Reports**

ISURS provides standard variance analysis and comparisons on each study that is run. There are several reports produced for each study that provide the statistics necessary to support comparisons and variance analysis. These reports do not require any customization.

**Ranking report** – This report ranks the suspect providers or members in descending order of total exception weight (a measure of the severity of the suspicion level for each provider/member, based on an assessment of all of the behaviors defined by the user for this study). This gives the user a quick way to compare the overall behaviors across the entire peer group in order to determine those with the highest likelihood of aberrant behaviors.

**Summary profiles for each provider/member** – Drilling down using a hyperlink in the Ranking Report will take the investigator to a summary profile of a ranked provider/member. The investigator will then be able to review, in depth, the apparent aberrancies that caused the provider/member to rank.

**Study group profile** – This report provides all of the statistics to support variance analysis for each behavior studied: total number of providers/members compared, numerical assessment of the average of that behavior, width of one standard deviation, calculated upper and lower limits, any overrides in effect (user option) that may influence those limits, the percentage and number of those who excepted, and a list of those who excepted for this behavior (from which the user can drill down to view specific profiles).

**Frequency distribution histograms** – This is a graphical representation, by behavior studied, of the distribution of the peer group population. This graph will either inform the investigator that the distribution is 'normal' (i.e., follows a bell curve shape) and, therefore, that the standard deviation methodology is valid, or alert the investigator to an unusual population distribution and suggest that exception overrides be employed.

## **Additional ISURS Capabilities**

The figure below is an overview of some of the additional key capabilities of the ISURS component.

Capability	Description
<b>Online parameter library</b>	Online parameter library is a user-defined collection of rules, behavior patterns, and reporting items used in limitless combinations to study peer groups. These library entities can be defined once online and shared among users. Once the basic library is established, users can quickly fine-tune or re-focus already existing studies by substituting rules and behavior patterns from the library.
<b>Each time period can be of varying lengths</b>	Up to five time periods can be studied in one profile; each period can be of varying lengths, and not necessarily consecutive. This flexibility (not previously available in traditional SURS) enables 'seasonal' studies, e.g., studies that compare the volume of claims for 'child counseling' during times when school is in session to holiday and summer seasons (perhaps disguising day care or camps).
<b>Appropriate fields display both the code (valid value) and the text translation</b>	Appropriate fields display both the code (valid value) and the text translation, both in the online pages and in the reports, to make it easier for users to interpret the results, and to speed the knowledge acquisition and understanding of traditional MMIS codes for novice users.
<b>Ability to force providers or members into studies, or exclude them from studies</b>	Ability to force providers or members into studies who might not have otherwise qualified for the peer group (perhaps due to an enrollment error). Conversely, the ability to exclude providers or members from studies who might otherwise have qualified for a peer group.

Capability	Description
<p><b>A unique ability to scan through the claims, the provider, and the member tables twice during the execution of each fraud study</b></p>	<p>A unique ability to scan through the claims, the provider, and the member tables twice during the execution of each fraud study. The first pass through the claims determines which providers or members are to be included in the study group, based on criteria built on any field maintained within the data mart. The second pass through the data allows aggregations to be performed on the claims related to members of the study group from the first pass. This is a powerful processing mechanism. This enables studies where, for example, the study group is based on a provider type of dentist (first pass), but the aggregations are based on drug claims in which a dentist from the study group was a prescriber (second pass). This ability has enabled several of our states to discover very high narcotic prescribing activity among their dental providers, some of whom have never submitted a dental claim for the member being prescribed the narcotics.</p>
<p><b>Method of determining exception limits and overrides for report Item can be dynamically selected by user</b></p>	<p>Ability to derive statistical norms, by peer group, for each indicator (report item) contained within each statistical profile by using averages and standard deviations, percentiles, or absolute values. User can choose the method of determining exception limits for each report item from their desktop, and specify overrides.</p>
<p><b>Detect both over-utilization and under-utilization</b></p>	<p>Ability to identify behavior patterns that detect both over-utilization and under-utilization of program benefits, including drug utilization.</p>
<p><b>Perform aggregations on any applicable field within the data mart</b></p>	<p>Perform aggregations on any applicable field within the data mart: Simple accumulations (e.g., amounts, units of service); •Counts (e.g., number of claims); Distinct counts, also known as 'unduplicated' counts (e.g., number of unique member IDs or provider IDs); Maximum accumulations on a single day (e.g., number of surgeries performed by provider on a single surgery date; number of distinct members claimed to have been provided services on a single first date of service).</p>
<p><b>Drill-through hyperlinks from provider or member profiles to the claims that support them</b></p>	<p>Drill-through capability so users can hyperlink directly from the value of a report item on a provider or member profile to the claims that support the value. Users do not have to employ another application in order to retrieve a list of claims that caused a provider or member to be ranked with an exception weight.</p>
<p><b>Study a provider's behavior regardless of which role the provider plays on a claim</b></p>	<p>Providers can play several roles on claims (i.e., pay to/billing, treating/rendering, attending, referring, and prescribing), and sometimes more than one role on the same claim. Previously, legacy SUR was only able to study a provider's behavior if he/she/it were playing the pay to/ billing role. ISURS enables the investigator to study a provider's behavior regardless of which role the provider plays, so no longer will a single provider (acting as the rendering or treating provider) be able to hide under a group practice's ID (as the pay to), and no longer will a treating dentist be able to hide his prescribing behavior.</p>

Figure 9: Key ISURS Capabilities

## IFADS Case Tracking

Once ISURS has assisted DHS in discovering behaviors not appropriate to program administration and the decision to pursue further investigation, the need to collect information and document the various activities required to resolve the matter arises. Program Integrity staff need to manage investigations, monitor progress, record events, create and track documentation, and maintain supporting result sets and spreadsheets. Through the case tracking functionality of IFADS, DHS users would be able to track and report on these activities online.

A user can open a case for any provider or member, whether or not that provider/member was ranked, or even included, within an ISUR Study. Much of the key demographic information is pre-populated by the application. If the suspect provider/ member were included in an ISUR study, the investigator can attach that study to the case by using the Related ISUR Jobs list box. Any study attached to a case is exempt from the normal purge logic executed to clear the queue of old results, and it remains available to the user until the user releases the study or analytic (perhaps several years later).

General Info	Notes and Events	Files	Financial	Appeals	History	Case List	FADS Home																																																		
<b>Case: General Info</b> Steve Johnson MD																																																									
<b>Case Information:</b> Case Type: Provider Case ID: 1J03 Case Source: REOMB Case Name: Steve Johnson MD Participant ID: 123456789 Participant Name: Steve Johnson MD Tracking Number: Tracking System Name: <b>Period Reviewed:</b> From: 01/01/2005 To: 01/05/2007																																																									
<b>Provider:</b> Previous Cases: 0 Address: 2795 Hospital Drive Suite 200 Phone: (770)555-1234 Ext: City: Atlanta State: GA Zip: 30041 Email:																																																									
<b>Case Status:</b> Open Date Opened: 01/05/2006 Date Closed: Close Reason: <b>Assigned To:</b> Analyst: SMCL Date Assigned: 01/05/2006 <b>Referred To:</b> Referred: Date Referred: <b>Next Review Date:</b>																																																									
<b>Related ESUR Jobs:</b> Show: <input type="radio"/> My Jobs Only <input checked="" type="radio"/> All ESUR Jobs																																																									
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Figure 10: Case Tracking – General Information Tab

All reports and any profiles produced by these studies also remain available, so that later, during negotiations or potential legal proceedings, the investigator can present a full statistical picture of not just the suspect provider/client, but also all others included in that study, whether they accepted or excepted. Since the report results are stored as raw data, and not as formatted reports with the embedded spaces and headers/footers, the cost of storage to keep all of this information is minimal and reasonable. The reports are formatted at the time the user requests them for display or printing.

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Figure 11: Case Tracking – Notes and Events Tab

Using the notes and events tab, a user can:

- Create a chronological history of free-form notes in order to track progress, telephone calls, contacts, events, negotiations, etc. The user can enter up to 1,000 characters in each note, with no limit on the number of notes associated with the case
- Schedule emails to be sent at a future date to parties related to the case (AG's office, provider, provider's attorney, user him/herself). The user can enter up to 1,000 characters of text, which will be included in the body of the email when it is generated shortly after midnight on the date specified to the email address(es) specified. Users can use this feature to remind themselves of tasks to be completed, remind providers that a next payment is due, remind attorneys of the next court date, etc.
- The files tab allows the user to attach a path to files related to a case, effectively creating a virtual file cabinet of case-related documents (word-processing documents, forms, spreadsheets, JPEGs, scanned images, outgoing and incoming correspondence, databases, etc.). For example, in addition to a copy of an educational letter sent to a provider, various analyses performed by an investigator during the course of an investigation can be attached (as word processing documents or spreadsheets) and saved as part of a case. Later, correspondence received from the provider or others can be scanned and once stored upon the user's LAN, a path to the electronic document can be attached to the case.
- Basic financial information related to the case such as payment terms and payment history can be entered under the Financials tab. Entries are maintained identifying any settlement terms and payments received as well as the outstanding balance, additional tabs store hearing and appeal information when applicable. It also displays an historical look of a previous appeal that may be associated with the case.

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