

Fraud and Abuse Investigation and Reporting (FAIR) System

User Manual Version 1.2

For internal use by the Department of Medical Assistance Services (DMAS)
In compliance with HIPAA regulations, this user guide does not show PHI.

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GLOSSARY 1

Chapter 1: The Basics

This chapter covers basic information that will help you use both this manual and the Fraud and Abuse Investigation and Reporting (FAIR) System effectively.

This chapter includes the following topics:

Introduction to the FAIR System

How This Manual is Organized

Manual Conventions

The User Interface

Navigation

Field Types

Helpful Hints

Getting Started

Introduction to the FAIR System

The State of Virginia’s Department of Medical Assistance (DMAS) uses the FAIR System to log, track, and report on cases of fraud and abuse of Medicaid benefits. FAIR is sufficiently comprehensive to track legal, administrative, and monetary details from beginning to end for every case.

How This Manual is Organized

This manual addresses two perspectives that you will experience alternately as you do your job: a *business process perspective* and a *software functionality perspective*. This dual perspective approach allows you to find desired information whether it applies to a specific FAIR menu option or pertains to a business process task associated with tracking and reporting fraud and abuse.

The table below indicates the purpose (not the contents) and corresponding perspective(s) for each chapter or appendix:

Chapter/Appendix	Purpose	Perspective(s)
Chapter 1: The Basics	To introduce you to the basics of using this manual and the FAIR System software.	Software Functionality
Chapter 2: Primary Tasks	To teach you how to use the FAIR System to perform the primary tasks associated with fraud and abuse investigation and reporting.	Software Functionality Business Process
Chapter 3: Secondary Tasks	To teach you how to use the FAIR System to perform tasks that are either peripheral to primary business tasks or occur in the context of completing primary business tasks.	Software Functionality
Appendix A: General Business Processes for Medicaid Fraud and Abuse Investigation and Reporting	To provide you with an overview of the business processes which drive the flow of information into the FAIR System and among its screens.	Business Process
Appendix B: General Information on Relational Databases	To provide you with background information that will enable you to more effectively and efficiently use the FAIR System.	Software Functionality
Appendix C: Menus and Menu Options	To explain menus and menu options in the same order they appear in the FAIR System.	Software Functionality
Appendix D: Toolbar Buttons	To explain toolbar buttons in the same order they appear in the FAIR System.	Software Functionality
Appendix E: Fields and Field Meanings	To explain the meanings of field names in terms of what information goes in them.	Business Process
Appendix F: Federal Information Processing Standards (FIPS) Numbers	To provide you with a convenient reference for FIPS numbers.	Business Process
Appendix G: Definitions for Default Drop-down List Items	To explain the meaning or significance of the default drop-down list values in the specific context of tracking fraud and abuse	Business Process
Appendix H: Reports	To show samples of all FAIR System reports and to explain the meaning of each.	Business Process
Appendix I: Statute Code Violations	To show the full text of the statute code violations	Business Process
Glossary	To explain terms associated with the FAIR System and with reporting and tracking Medicaid fraud and abuse.	Software Functionality Business Process

Table 1-1. Chapter and Appendix Contents and Perspectives

Manual Conventions

This manual uses the following conventions:

- Bullet points at the left margin mark the steps for completing a task.
- **Bold text** within bulleted items indicates keyboard keys (e.g., Type the date and press **Enter**).
- *Italics* within bulleted items indicate field names (e.g., Put the cursor in the *Last Name* field).
- *Italics* within a sentence indicate Glossary terms. (e.g., Every Case *record* includes all data entry screens).
- Initial capitals for words within bulleted items indicate on-screen button names (e.g., Next Screen, Previous Screen, Next Record, etc.).
- The words “recipient” and “case” have initial capitals (e.g., Recipient, Case) when those words refer to nonspecific Medicaid recipients and fraud and abuse cases.
- Any fields that are required to be filled in for a particular screen are listed with the discussion on how to use that screen.

The User Interface

The user interface is the part of the FAIR System that you see on your computer screen. It includes everything that is visible to you as you use the FAIR System to do your job. By entering information into fields on this interface, you are effectively entering information into the FAIR database for storage and retrieval.

The FAIR System’s user interface has six main parts as seen and labeled below. Note that the numbers assigned to the six parts do not take a top-to-bottom, left-to-right approach to what you see on the computer screen. Rather, they indicate in ascending order what parts of the interface you will likely use or reference most frequently.

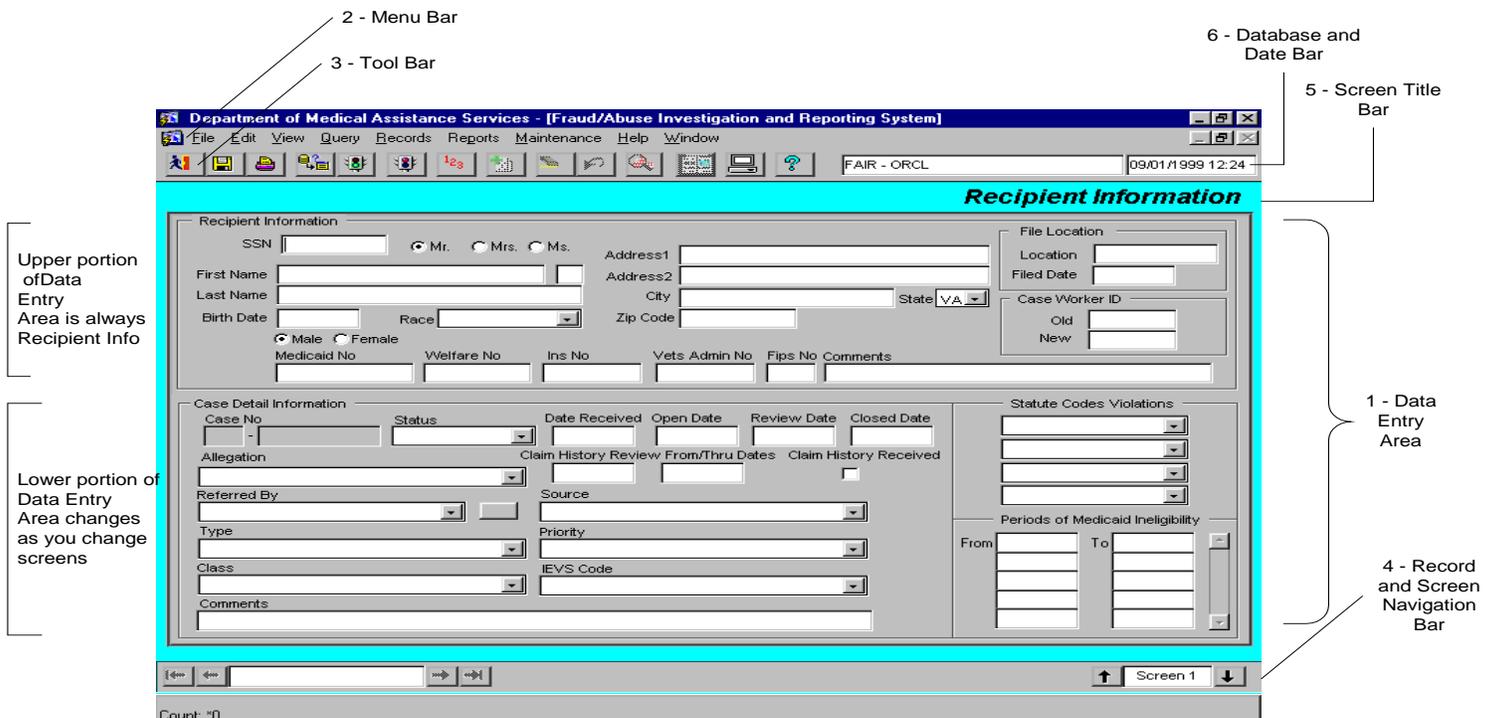


Figure 1-2. User Interface

1 – Data Entry Area

This area is where you enter information pertaining to Recipients and Cases; it is divided horizontally into two sections (see Table 1-3), and it includes six data entry screens that you will navigate through one at a time.

Data Entry Screens

Only the lower section of the data entry area changes as you navigate among the six data entry screens. The area titled Recipient Information makes up the upper portion of each of the six data entry screens. (The Navigation section of this chapter describes how to navigate among data entry screens.)

The chart below indicates the titles of all of the data entry screens, the names of their lower portions, and the type of information you will enter on each one.

Screen Title	Title of Lower Portion	Type of Information You will Enter
Recipient Information	Case Detail Information	Recipient Information
Case Details	Case Detail Information	Case Detail Information
Case Resolutions	Case Investigation Information	Case Investigation Information
Court Action	Law Enforcement Actions	Law Enforcement Actions
Final Actions	Circuit Court Final Actions	Circuit Court Final Actions
Alias Information	Alias Information	Alias Information

Table 1-3. Data Entry Screens

Chapter 2 discusses data entry tasks in detail.

. NOTE: A single Recipient can have multiple Cases associated with him or her. Every Case has a unique Case Number.

2 – Menu Bar

Each menu contains corresponding menu options. Appendix C discusses menu options in detail.

3 – Toolbar

Each “picture” or icon on the toolbar is a separate button. Toolbar buttons execute a variety of functions including saving a current record and inserting a new record. Appendix D discusses toolbar buttons in detail.

4 – Record and Screen Navigation Bar

Arrow buttons on this bar allow you to navigate among Recipient records and move among the different screens that make up individual Case records. This bar also displays current case and screen numbers. The Navigation section of this chapter discusses record and screen navigation in detail.

5 – Screen Title Bar

This bar displays the name of the current screen.

6 – Database and Date Bar

This bar displays three pieces of information: your User ID as the current user, the name of the database that you are currently logged into, and the current date and time.

. *NOTE: The chapters and appendices that follow explain the functional components of the user interface.*

Navigation

The table below shows how to navigate among different parts of the FAIR System using keyboard keys or screen buttons.

Action	Keyboard Key(s)	Screen Button	Notes
To advance to the next field in a record	<ul style="list-style-type: none"> • Tab • Enter • Ctrl + Tab 		You will most often use the Enter key. Use the Tab key on the Logon screen. Use Ctrl + Tab to move from the <i>Comments</i> field on the Recipient Information screen
To return to the previous field in a record	<ul style="list-style-type: none"> • Shift + Tab • Ctrl + Shift + Tab 		You must use Ctrl + Shift + Tab if you are in a drop-down list field or <i>Comments</i> field.
To advance to the next record in a group	↓ (down arrow key)	Next Record 	The Next Record button <u>always</u> functions relative to the position of the cursor. For example, when the cursor is in the Recipient portion of the screen, clicking the Next Record arrow will bring up the next Recipient record.
To return to the previous record in a group	↑ (up arrow key)	Previous Record 	The Previous Record button <u>always</u> functions relative to the position of the cursor. For example, when the cursor is in the Case Detail portion of the screen, clicking Previous Record will bring up the previous Case record for that Recipient – but only if that Recipient has multiple cases and you are not currently on the first of them.
To go to the very last record in a group		Last Record 	The Last Record button <u>always</u> functions relative to the position of the cursor. For example, when the cursor is in the Recipient portion of the screen, clicking the Last Record arrow will bring up the very last Recipient record in a group.
To go to the very first record in a group		First Record 	The First Record button <u>always</u> functions relative to the position of the cursor. For example, when the cursor is in the Case Detail portion of the screen, clicking First Record will bring up the very first Case record for that Recipient – but only if that Recipient has multiple cases and you are not currently on the first of them.
To go to the next data entry screen		Next Screen 	

(Table continues on next page.)

Action	Keyboard Key(s)	Screen Button	Notes
To go to the previous data entry screen		Previous Screen 	

Table 1-4. Navigation Keyboard Keys and Screen Buttons

. NOTE: A “group” of records can be several things including a group of Recipient records returned by a query or a set of Cases belonging to a single Recipient.

Field Types

There are six types of data entry fields in the FAIR System:

1 – Text Fields

You will type text into these fields.

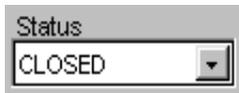


A text input field with the label "Last Name" and the value "GIBBONS".

2 – Drop-down List Fields

You will click a drop-down button and click a list item to select it.

For information on adding items to drop-down lists, see Chapter 3, “Secondary Tasks”.



A drop-down list field with the label "Status" and the selected value "CLOSED".

3 – Radio Buttons

You will click the round button beside the item you want to select.

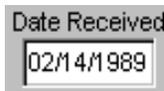


Two radio button options: "Male" (unselected) and "Female" (selected).

4 – Date Fields

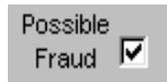
You will type numbers and slashes using the following date format:

MM/DD/YYYY



A date input field with the label "Date Received" and the value "02/14/1989".

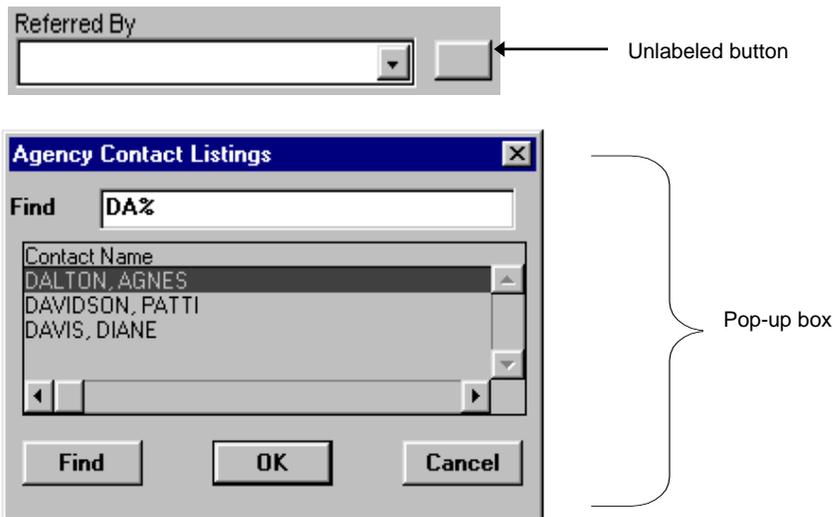
5 – Checkboxes



You will click inside checkboxes to indicate “yes”. For example, you will check the *Possible Fraud* checkbox to indicate that a Recipient may have committed an act(s) of fraud.

6 – Auto-Reduction Fields

You will click an unlabeled button to the right of a drop-down field (see below) and use the resulting pop-up box (see below) do a search for a specific name.



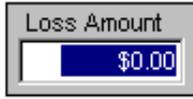
- To do a search for a specific name, type the first letter or letters of the last name in front of the “%” sign in the *Find* field. (As in the example above, typing “DA” in front of the percent sign will find all people in the list whose last names begin with “Da”. Similarly, typing “MC” in front of the percent sign would find all people in the list whose last names begin with “Mc”.)
- Click the Find button.
- Use the mouse to select the desired name from the list.
- Click OK.

Helpful Hints

The following tips will be helpful to you whether you are using the FAIR System for the first time or have been using it for months or years. You should always or never do the following, as indicated:

- ☺ Always save your work on a frequent basis.
- ☺ Always type slashes when entering dates (e.g., MM/DD/YYYY).
- ☺ Always read the short bits of information prefaced by “. *NOTE* “. These notes have been isolated from other text and presented separately because of their general importance or their particular relevance to the topic at hand.
- ☺ Always select (i.e., highlight) the entire “\$0.00” text in fields that require dollar amounts, and then type your amount. (You do not need to type dollar signs or commas.) If you do not highlight the entire “\$0.00”

(see graphic below) and type over it, there may be an unintended limit to the number of characters that the field will accept.



⚠ Never attempt to delete a record by deleting one field at a time. (Doing this does not actually delete the record, and it can result in significant problems with data and printed reports.)

Getting Started

Now that you have learned some basics about using this manual and getting around in the FAIR System, it is time to log on. Two preliminary steps to logging on will make the FAIR System fit your screen properly. These steps include setting the screen resolution to 800 x 600 and hiding the taskbar.

To Set Screen Resolution to 800 x 600

If your screen resolution is already set to 800 x 600, skip to the “To Hide the Taskbar” sub-section below.

- Click the Start button in the lower-left corner of your computer screen.
- Select Settings \ Control Panel
- Double-click the Display icon.
- Click the Settings tab of the Display Properties form.
- In the Display Area portion of the Settings tab, click on top the slider bar and move it left or right as needed until it reaches 800 x 600.
- Click the lower slider bar and move it left or right as needed until it reaches 800 x 600.
- Click Apply.
- Click OK on any pop-up messages.

To Hide the Taskbar

If your taskbar is already hidden, skip to the “To Log On” sub-section below.

- Click the Start button in the lower-left corner of your computer screen.
- Select Settings \ Taskbar & Start Menu.
- Click the Taskbar Options tab if it is not already selected by default.
- Check the Always on Top and Auto Hide checkboxes.
- Click OK.

. NOTE: When the taskbar is “hidden” you must drag the mouse to the bottom of the screen (without clicking) to bring the taskbar into view and/or click anything on it.

To Log On

. NOTE: These instructions assume that the FAIR System has been installed on your computer. See your supervisor if you do not have a FAIR System icon on your desktop.

- Double-click the FAIR System icon on your desktop.
- On the Logon pop-up box (see Figure 1-5), type your username in the *Username* field and press **Tab**.
- Type your password in the *Password* field and press **Tab**.
- Type the name of the database you will be using in the *Database* field and press **Enter** or click the Connect button.

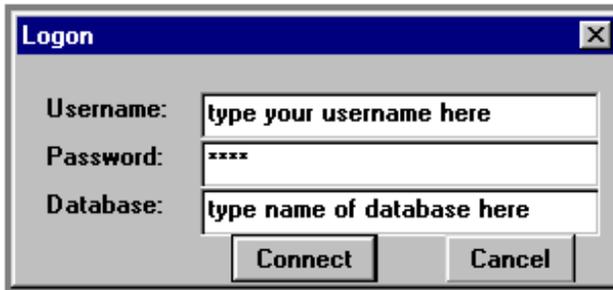


Figure 1-5. Logon Pop-up Box

You should see the user interface after completing the steps above.

Refer to Chapter 2, “Primary Tasks”, for information on performing the main tasks associated with tracking fraud and abuse.

Chapter 2: Primary Tasks

This chapter addresses the primary tasks that you will perform as you use the FAIR System to track Medicaid fraud and abuse. Chapter 3, “Secondary Tasks,” addresses other tasks that are peripheral to these primary tasks.

Primary tasks include the following:

- Adding Recipient Information

- Pulling up Existing Recipient and Case Records

- Adding Cases and Case Detail Information

- Adding Case Resolution Information

- Adding Court Action Information

- Adding Final Action Information

- Adding Alias Information

. NOTE: When completing primary tasks, refer to Appendix E, “Fields and Field Meanings”, for an explanation of what information goes in a field if it is not apparent from the field name.

Adding Recipient Information

Recipient information must be present in the FAIR System before corresponding Case information can be added, so the cursor automatically appears at the top of the Recipient Information screen when you log in. To get to the Recipient Information screen from any other screen, use the Next Screen or Previous Screen buttons at the lower-right corner of the screen.

To add a new Recipient (i.e., one that is not in the MMIS database), do the following on the Recipient Information screen:

- Type the Recipient's Social Security Number in the *SSN* field and press **Enter**. (It is not necessary to type dashes.)
- Using the mouse, select *Ms.*, *Mr.*, *Mrs.*, or *Estate* and press **Enter**.
- Type the Recipient's first name in the *First Name* field and press **Enter**.
- Type the Recipient's middle initial and press **Enter**.
- Type the Recipient's last name in the *Last Name* field and press **Enter**.
- Use MM/DD/YYYY format (with slashes) to type the Recipient's birth date in the *Birth Date* field, and press **Enter**.
- Use the drop-down arrow to select the Recipient's race and press **Enter**.
- Using the mouse, select *Male* or *Female* and press **Enter**.
- Type the first line of the address in the *Address 1* field and press **Enter**.
- Type the second line of the address in the *Address 2* field and press **Enter**. (If the address does not have a second line, do not type anything and press **Enter**.)
- Type the Recipient's city in the *City* field and press **Enter**.
- Use the drop-down arrow to select the Recipient's state and press **Enter**.
- Type the Recipient's zip code in the *Zip Code* field.
- Click the Mail Address button and type mailing address information (if different from residence address information).
- Click the Exit button on the Mailing Address Information form to save any changes and/or return to the Main Interface.
- Click in the *Medicaid No* field and type the Recipient's 12-digit Medicaid number; then press **Enter**.
- Type the Recipient's Welfare number in the *Welfare No* field and press **Enter**.
- Type the Recipient's insurance number in the *Ins No* field and press **Enter**.
- Type the Recipient's Veterans Administration number in the *Vets Admin No* field and press **Enter**.
- Type the Recipient's Federal Information Processing Standards (FIPS) number in the *Fips* field and do one of the following:

To add Comments to the Comments Field

- Press **Enter** to advance to the *Comments* field to type applicable comments (up to 2000 characters). Then click in the *Location* field in the upper-right corner of the screen to advance to the Case Detail Information screen.

-OR-

To Skip the Comments Field

- Click in the *Location* field in the upper-right corner of the screen to advance to the Case Detail Information screen.
- Refer to the section of this chapter called "Adding Cases and Case Detail Information" for information on adding a Case when adding a Recipient.

. NOTES:

- The File Location and Case Worker ID fields in the upper-right corner of the Recipient Information screen belong to the Case Details screen, so they are addressed in the “Adding Cases and Case Detail Information” section.
- Refer to Appendix F for a list of Federal Information Processing Standards numbers.

Recipient Information Screen Mandatory Fields
SSN, FIPS NO.

Pulling up Existing Recipient and Case Records

The FAIR System tracks cases of Medicaid fraud and abuse over time, so you will often bring up existing Recipient and Case records to add information to them. This involves supplying one or more pieces of known Recipient information and “querying” the database for the desired Recipient or Case.

The FAIR System’s ability to process partial data queries is helpful in cases where you are not absolutely certain about the piece of information (such as the exact spelling of a last name) you are using in a search. Chapter 3 provides details on how to effectively create partial data queries.

To Find a Case Record When You Know the Case Number

If you know the Case number for the Case you want to find, you can use the By Case Number option under the Search menu to find a Case. Do NOT put the system in Query Mode to use this function.

Do the following to find a Case using the Case number:

- Click the Search menu.
- Click the By case Number option.
- Type the Case number in the “Case No.” field. (You must type in the entire Case number, not a partial one.)
- Click the Search button.

. NOTE: You must use Recipient information to pull up a Case record if you do not know the Case number. It is not possible to use any other Case information to query for a Case record.

To Find a Recipient or Case Record When You Don’t Know the Case Number

To pull up an existing Recipient or Case record, do the following:

- Click the New Query button on the toolbar. (Doing this will automatically place your cursor in the *Social Security Number* field on the Recipient Information screen.)
- Press **Enter** to advance to the field for the piece of Recipient information that you know. (For example, if you know that the Recipient’s last name is Smith, press Enter until the cursor appears in the *Last Name* field.) If you intend to query using the Recipient’s Social Security Number, you do not need to advance to the *Social Security Number* field since the cursor is already in it.
- Type the known information. (In the example above, “Smith” is the known information.)
- Click the Execute Query button on the toolbar.
- Wait for the database to return the record(s). (The status of the query is indicated in the lower-left portion of the screen.)

- If the query returned multiple records, use the Next Record button on the lower-left portion of the screen to advance to the desired record.

. *NOTE: If a query is likely to return multiple records, search on more than one piece of “known information” as a means of narrowing the query results set. For example, there might be 47 Recipient records with “Smith” in the Last Name field, but there is probably only one record with “Smith” in the Last Name field, “John” in the First Name field, and “Brunswick” in the City field.*

Adding Cases and Case Detail Information

Case information in the FAIR System is any information that pertains to a valid fraud and abuse allegation associated with a Recipient. You can begin to add Case information when you add Recipients, or you can go back and add it at a later time. The ongoing nature of Medicaid fraud and abuse cases typically makes it necessary for you to add Case information piecemeal, and over a period of time.

The following sub-sections describe how to add a Case or add Case Detail Information at different points in the fraud and abuse tracking process.

To Add a Case When Adding a Recipient

- Follow the steps in the “Adding Recipient Information” section earlier in this chapter. This will put the cursor in the *Location* field of the Case Details screen. (This field is physically located on the Recipient Information screen owing to space considerations, but it is part of the Case Details screen.)

. *NOTE: This screen contains many drop-down arrows that you will click to display lists of entries for the corresponding fields. There may be times when the item you need is not in the list. Refer to “Adding Items to Drop-down Lists” in Chapter 3 for information on adding items to drop-down lists.*

- In the *Location* field, type the physical location of the case file, and press **Enter**.
- In the *Filed Date* field, type the date the case was filed in that location and press **Enter**.
- In the *Old* field, type the old case worker ID if applicable and press **Enter**.
- In the *New* field, type the new case worker ID if applicable.
- Click in the *Date Received* field and type the date the allegation was received.
- Click the *Allegation* field drop-down arrow and click on an allegation to select it.
- Click the Claim Request button if you are ready to request a claim history. See the “Claim History Request Report” subsection of Appendix H for information on printing claim history request information.

If you clicked the Claim Request button:

- Click in the *Review From* date field and type the date on which you would like the claim history to begin; then press **Enter**.
- In the *Review To* date field type the date on which you would like the claim history to end.
- Click the Exit button to save the information and return to the Case Details screen.
- (Read the *.NOTES* below and proceed to the next bullet point.)

. *NOTES:*

- *You may also request claim history information for other Recipients associated with the current Case by typing their Medicaid numbers, names, and the desired claim history dates on the Claim History Request Information form.*
- *The Claim History Request Report prints a list of requests made using the Claim Request button. The Print dialog box for this report asks for parameter dates. To “capture” desired*

requests in the report, be certain that the parameter dates you specify cover whatever date you put in the Request Date field (shown in Figure 2-1 below) on the Claim History Request Information form.

- Click the *Status* field drop-down arrow to choose a Case status and press **Enter**.
- Type the date the Case was opened in the *Open Date* field and press **Enter**.

Medicaid No	First Name	Last Name	Review From Date	Review To Date	Request Date
	SEE THE CLAIM	HISTORY REQUEST	12/15/1999	12/22/1999	12/28/1999
	REPORT FOR A	LIST OF CLAIMS	12/15/1999	12/24/1999	12/28/1999

The dates you specify for the Claim History Request Report must include the date in this field for the request to show on the report.

Figure 2-1. Request Date Field.

- Type the review date in the *Review Date* field and press **Enter**. (This date may not be known at the time you fill in other items on this screen.)
- Type the closed date in the *Closed Date* field and press **Enter**. (This date may not be known at the time you fill in other items on this screen.)
- Click the *Referred By* drop-down arrow to choose the individual who referred the Case and press **Enter**. Alternatively, use the auto-reduction button to the right of the *Referred By* field to quickly find the name you are looking for. See the “Field Types” subsection of Chapter 1 for information on using auto-reduction.
- Click the *Source* drop-down arrow to choose the Case source and press **Enter**.
- Click the *Type* drop-down arrow to choose the Case type and press **Enter**.
- Click the *Priority* drop-down arrow to choose a priority and press **Enter**.
- Click the *Class* drop-down arrow to choose a Case class and press **Enter**.
- Click the *IEVS Code* drop-down arrow to choose an IEVS Code and press **Enter**.
- Click the *Statute Code Violations* drop-down arrow to choose a statute code and press **Enter**. Repeat this step for as many statute code violations as the Case involves, up to four violations. (Click the blank button to the right of the *Statute Code Violation* drop-down field to read statute text that corresponds to the statute you chose.)
- Type any comments in the *Comments* field and press **Enter**.
- Type the period of Medicaid ineligibility “From” date and press **Enter**.
- Type the period of Medicaid ineligibility “To” date.
- Click in the *From* date field for the next period of Medicaid ineligibility if there is another period to indicate; or, if there are no additional periods of ineligibility, press **Enter** to advance to the next screen.

. NOTE: The multiple data entry screens in the FAIR System are automatically part of every Case as soon as it is added. Collectively these data entry screens make up individual Case records.

Case Details Screen Mandatory Fields
Status, Date Received, Allegation, Referred By, Type, Class, Source, Priority

To Add Case Detail Information to an Existing Case

- Pull up the Case to which you want to add case detail information. (If you are not sure how to do this, refer to the previous section of this chapter, entitled “Pulling up Existing Recipient and Case Records”.)
- Leave the cursor in the Recipient Information section of the screen, and click the Next Screen button. This will advance the cursor to the first field in the Case Detail Information portion of the Case Details screen. (The data entry screen itself will not change; only the position of the cursor and the title of the screen will change.) Alternatively, you can advance to the Case Details screen by clicking the mouse in the first field in the *Location* field in the upper-right portion of the Recipient Information screen.
- Advance to the desired field(s) on the Case Details screen and type the new information.
- Click the Save button on the toolbar to save the changes.

To Add a Case for a Recipient Who Already Has One or More Cases

- Pull up the Recipient for whom you want to add a Case. (If you are not sure how to do this, refer to the previous section of this chapter, entitled “Pulling up Existing Recipient and Case Records”.)
- Use the mouse to click once in any field in the Case Detail Information portion of the screen. (Doing this brings up the Case Details screen title but does not change the data entry fields on the screen.)
- Click the Insert Record button on the toolbar. (Doing this automatically clears the Case Detail Information portion of the screen and assigns a case number to the new Case.)
- Fill in the fields in the Case Detail Information portion of the screen and advance to the other screens as needed.

Adding Case Resolution Information

Do the following to add information to the Case Resolutions screen:

- Pull up the Case to which you want to add case resolution information. (If you are not sure how to do this, refer to the previous section of this chapter, entitled “Pulling up Existing Recipient and Case Records”.)
- Click the Next Screen button twice. Doing this will advance the cursor to the Case Resolutions screen.
- On the Case Resolutions screen, press **Enter** until you arrive at the field to which you want to add new information. Alternatively, you can click the mouse directly in the desired field and add the new information.
- (See below for information on adding claims summary, Case activity, witness list, evidence list, Case interviews, and paid claims tally information.)
- Click the Save button on the toolbar to save the changes.

To Add Claims Summary Information

Use the Claims Summary form to add month, year, and dollar amounts associated with a Recipient’s claims.

- On the Case Resolutions screen, click the Claims Summary button.
- Click in the *Summary Month* field and type the month and year (MM/YYYY); then press **Enter**.
- In the *Summary Amount* field, type the dollar amount.

- Repeat the previous two steps for additional claims as needed.
- Click OK.
- Click Yes when asked if you want to save the changes you have made.

. *NOTE: The Financial Loss Summary Report displays a summary of information recorded on the Claims Summary form. See Chapter 3 for information on printing reports.*

To Add Case Activity Information

Use the Case Activity form to add date and activity information that is relevant to a particular Case.

- On the Case Resolutions screen, click the Case Activity button.
- Type the date of the activity in the *Activity Date* field; then press **Enter**.
- Type a description of the activity in the *Activity Description* field.
- Repeat the previous two steps for as many activities as you need to add. (Remember to click the Insert Record button on the toolbar if you do not have any blank activity fields remaining on your screen.)
- Click OK.
- Click Yes when asked if you want to save the changes you made.

. *NOTE: The Case Activities Report displays the information recorded on the Case Activity form. See Chapter 3 for information on printing reports.*

To Add Witness List Information

Use the Witness List form to add witness and testimony information that is relevant to a particular Case.

- On the Case Resolutions screen, click the Witness List button.
- Click the *Witness* field drop-down arrow and click a witness name to select it. (The unlabeled button to the right of the *Witness* field allows you to do a quick query for the name you want to find. For additional information, see the Find Button Queries subsection of the “Performing Queries” section of Chapter 3.)
- Click the *Exhibit* drop-down arrow and click an exhibit to select it.
- Click in the *Area of Testimony* field and type a description of the testimony.
- Repeat the previous three steps for additional witness list information as needed. (Remember to click the Insert Record button on the toolbar if you do not have any blank witness fields remaining on your screen.)
- Click OK.
- Click Yes when asked if you want to save the changes you have made.

. *NOTE: The Witness List Report displays the information recorded on the Witness List form. See Chapter 3 for information on printing reports.*

To Add Case Entities Information

Use the Case Entities form to add information about persons or entities who are or may be involved in the fraudulent act(s) committed by the Recipient with whom they are associated.

- On the Case Resolutions screen, click the Case Entities button.
- Click the radio button for *Mr.*, *Ms.*, or *Mrs.*, depending on which of these the individual is.
- Click in the *First Name* field and type the individual’s first name; then press **Enter**.
- Type the middle initial and press **Enter**.
- Type the individual’s last name in the *Last Name* field; then press **Enter**.
- Click the *Male* or *Female* radio button in accordance with the individual’s gender.
- Click in the *Address1* field and type the first line of the individual’s address; then press **Enter**.

- If there is a second line to the address, type it in the *Address2* field and then press **Enter**; if there is not, press **Enter** a second time to advance to the *City* field.
- Make sure that the *State* drop-down field says “VA”. If it does not, select VA from the drop-down list.
- Click in the *Zip Code* field and type the individual’s zip code; then press **Enter**.
- Type the phone number (including area code) in the *Telephone* field; then press **Enter**.
- Type the SSN in the *Social Security No.* field; then press **Enter**.
- Type the individual’s birth date; then press **Enter**.
- Click the *Race Code* drop-down field and choose the applicable race.
- Click in the *Ins No* field and add an insurance number if applicable.
- Click the *Statute Violations* field drop-down arrow(s) and choose the applicable violation(s).
- Click in the *Recipient Relation/Description* field and describe the way in which this individual is associated with or related to the Recipient.
- Click in the *Entity Alias Info* field and type any alias information, if applicable.
- Click in the *Related Case Nos.* field and type any other Case numbers that are related (besides the current one).
- Click in the *Cross References* field and type any cross-reference information, if applicable.
- Click the OK button at the bottom of the form.
- Click Yes when asked if you want to save your changes.

. NOTE: Two reports pull information from this form. They are the Entities & Individuals Report and the Investigative Report. See Appendix H, “Reports”, for report descriptions.

To Add Evidence List Information

Use the Evidence List form to add evidence information that is relevant to a particular Case.

- On the Case Resolutions screen, click the Evidence List button.
- In the *Exhibit* field, type the exhibit; then press **Enter**.
- In the *Exhibit Description* field, type a description of the evidence.
- Repeat the previous two steps for additional evidence as needed. (Remember to click the Insert Record button on the toolbar if you do not have any blank evidence fields remaining on your screen.)
- Click OK.
- Click Yes when asked if you want to save the changes you have made.

. NOTE: Because of size constraints, the Evidence List form can display only three evidence entries. To see all Evidence List items for a Case, generate the Evidence List Report. (See Chapter 3 for information on printing reports.)

To Add Case Interview Information

Use the Case Interviews form to add interview date, interviewee name, and interviewee statement information that is relevant to a particular Case.

- On the Case Resolutions screen, click the Case Interview button.
- In the *Interview Date* field, type the date of the interview.
- Click the *Interviewee* field drop-down arrow and click an interviewee to select it. (The unlabeled button to the right of the *Interviewee* field allows you to do a quick query for the name you want to find. For additional information, see the Find Button Queries subsection of the “Performing Queries” section of Chapter 3.)
- Click in the *Interview Statement* field and type the interviewee’s statement(s) during the interview.
- Click the radio button that corresponds to the type of interview (i.e., in-person or telephone).

- Repeat the previous four steps for as many interviews as you need to log. (Remember to click the Insert Record button on the toolbar if you do not have any blank interview fields remaining on your screen.)
- Click OK.
- Click Yes when asked if you want to save the changes you have made.

To Add Paid Claims Tally Information

Use the Paid Claims Tally form to track claims that DMAS has paid in behalf of a Recipient. Where interest charges are applicable, the tally form computes interest penalties based on a user-specified interest rate.

The Paid Claims Tally Report provides a printout of all claims for a Recipient. For information on printing reports, see Chapter 3.

To add claims to the paid claims tally:

- Perform a query to bring up the desired Case.
- Click the Next Screen arrow twice to advance to the Case Resolutions screen.
- Click the Paid Claims Tally button in the lower-left portion of the screen.
- Click the *Individual* field drop-down arrow to select the desired individual. (Only the Recipient associated with the current Case and persons named in his or her Case Entities form will appear in the drop-down list. The Case Entities form is accessible by way of the Case Entities button, also on the Case Resolutions screen.)
- Click the *Year* field drop-down arrow and select the desired year.
- Click the *Month* field drop-down arrow and select the desired month.
- Click the GO button to “set” the tally. (Do not ever skip this step.)
- Click in the *Service Date* field and type the date that the service was received. (It must be in the same month and year you chose earlier.)
- Click the *Claim Type* field drop-down arrow and click a claim type to select it.
- Click in the *Claim Amount* field and type the amount of the claim; then press **Enter**.
- As needed, add additional service dates and claims by repeating the previous three steps.
- As needed, type any applicable interest rate in the *Interest Rate* field.
- Click the Calculate/Save button.
- Click the Close button.

Updating Claims in the Paid Claims Tally

You can update claims in a tally by accessing the tally and changing the dates, service types, service amounts, or interest rate as needed. (For information on deleting claims, see the “Deleting Claims in the Paid Claims Tally” subsection below.)

You cannot retroactively add claims to a month that has no claims if the calendar month *after* that month already has claims. For example, if you have added claims for December 1999 but NOT for November 1999, you cannot go back and add claims to November 1999. If November 1999 has at least one claim associated with it, you can add additional claims to it or update the existing one(s).

To update claims in the Paid Claims Tally:

- Perform a query to bring up the desired Case.
- Click the Next Screen arrow twice to advance to the Case Resolutions screen.
- Click the Paid Claims Tally button in the lower-left portion of the screen.
- Make the desired change(s) to the tally.

- Click the Calculate/Save button.
- Click the Close button.

. NOTE: Your understanding of the information below is vital to the accuracy of every claims tally you do. Do not leave this section without reading the following:

Regarding Months that do not have Claims:

You must access the Paid Claims Tally and click Calculate/Save for every month, whether that month has a claim or not. If you do not do this, the claims from previous months will not be “brought forward” in the opening balance for whatever the next month is that does have a claim. Also, you cannot retroactively click Calculate/Save for months without claims; you must do it before you add subsequent months and claims. (You can go back and *update* existing claims, however.)

Note the following example in which only three of four months have claims:

Month and Year	Claim
January 2000	\$100
February 2000	\$100
March 2000	None
April 2000	\$100

In the example above, you must go into the Paid Claims Tally form for March 2000, click the GO button, and click Recalculate/Save. If you do not do this, the month of May will show only April’s balance as the opening balance. That is, May 2000 will erroneously show \$100 (for April) instead of \$300 (for January, February, *and* April) for an opening balance.

Regarding Interest Rates/Charges:

Not every Paid Claims Tally has an interest rate applied to it. You must indicate the interest rate for claims that do accrue interest.

Once you apply an interest rate, you must go into **all subsequent months** and type that rate and click Calculate/Save, even if there are no claims for that month.

Note the following in which only three months have claims and all four have an interest rate:

Month and Year	Opening Balance	Claim	Interest Rate
January 2000	None	\$100	1%
February 2000	\$101	\$100	1%
March 2000	\$203.01	None	1%
April 2000	\$205.04	\$100	1%

In the example above, you must go into the Paid Claims Tally form, pick the month and year for March 2000, click GO, set the interest rate at 1%, and click Calculate/Save. If you do not do this, interest for the month of March will not be calculated, and all claims from April forward will show inaccurate opening balance and interest information and consequently, inaccurate total amounts.

Deleting Claims in the Paid Claims Tally

There is a specific way to delete a single claim (i.e., one claim or multiple claims for nonconsecutive months) in the Paid Claims Tally; and there is a specific way to delete multiple claims (i.e., claims for two or more consecutive months) in the Paid Claims Tally. Determine whether you want to delete one claim or multiple claims, and proceed to the corresponding directions below.

. *NOTE: If you want to delete two or more claims that are not consecutive, you should refer to the instructions on deleting single claims. Claims are only considered “multiple” when they are for two or more consecutive months.*

Deleting Single Claims

Use these instructions when you want to delete only one claim or when you want to delete two or more claims for months that are not consecutive.

- Perform a query to bring up the Case for which you want to delete a claim from the Paid Claims Tally.
- Click the Next Screen arrow twice to advance to the Case Resolutions screen.
- Click the Paid Claims Tally button in the lower-left portion of the screen.
- On the Paid Claims Tally form, click the “Individual” field drop-down arrow and select the individual whose claim(s) you want to delete.
- Click the “Year” field drop-down arrow and select the year for the claim(s) you want to delete.
- Click the “Month” field drop-down arrow and select the month for the claim you want to delete.
- Click the GO button to go to the claim for that month and year.
- Click the Delete icon on the toolbar.
- Click OK when told that you are about to delete a claim.
- Click OK if the system tells you it is going to update subsequent claims whose opening balances will be affected by this deletion. (You will not receive this message if there are no claims for subsequent months.)
- Click OK on the pop-up that tells you the record was successfully saved/updated.
- Click the Save icon on the toolbar. (Do NOT skip this step.)
- Repeat the above process if you need to delete one or more additional claims; otherwise, click the Close button on the Paid Claims Tally form.

Deleting Multiple Claims

Use these instructions when you want to delete two or more claims for months that are consecutive. If you want to delete two or more claims for months that are not consecutive, refer to the “Deleting Single Claims” subsection above.

- Perform a query to bring up the Case for which you want to delete claims for two or more consecutive months.
- Click the Next Screen arrow twice to advance to the Case Resolutions screen.
- Click the Paid Claims Tally button in the lower-left portion of the screen.
- On the Paid Claims Tally form, click the “Individual” field drop-down arrow and select the individual whose claims you want to delete.
- Click the “Year” field drop-down arrow and select the year for the claims you want to delete. (Follow the next step carefully because it is vital that you delete claims in the prescribed order.)
- Click the “Month” field drop-down arrow and select the last month in the sequence of months for which you want to delete claims. (For example, if you want to delete claims from August through December, choose December.)
- Click the GO button to go to the claim for that month and year.
- Click the Delete icon on the toolbar.
- Click OK when told that you are about to delete a claim.
- Click OK if the system tells you it is going to update subsequent claims whose opening balances will be affected by this deletion. (You will not receive this message if there are no claims for subsequent months.)
- Click OK on the pop-up that tells you the record was successfully saved/updated.
- Click the Save icon on the toolbar. (Do NOT skip this step.)

- Repeat the above process for the claim that precedes the one you just deleted so that you are working backwards through the consecutive months whose claims you want to delete. (For example, if you want to delete claims from August through December and you just deleted December, you will now delete November. Then you will delete October; then you will delete September, and you will delete August last. When deleting claims for consecutive months, you must always delete them in reverse order.)
- When you have finished deleting claims, click the Close button on the Paid Claims Tally form.

Adding Court Action Information

Do the following to add information to the Court Action screen:

- Pull up the Case to which you want to add court action information. (If you are not sure how to do this, refer to the previous section of this chapter, entitled “Pulling up Existing Recipient and Case Records”.)
- Click the Next Screen button three times. Doing this will advance the cursor to the Court Action screen.
- On the Court Action screen, press **Enter** until you arrive at the field to which you want to add new information. Alternatively, you can click the mouse directly in the desired field and add the new information.
- Click the Save button on the toolbar to save the changes.

Adding Final Action Information

Do the following to add information to the Final Actions screen:

- Pull up the Case to which you want to add final action information. (If you are not sure how to do this, refer to the previous section of this chapter, entitled “Pulling up Existing Recipient and Case Records”.)
- Click the Next Screen button four times. Doing this will advance the cursor to the Final Actions screen.
- On the Final Actions screen, press **Enter** until you arrive at the field to which you want to add new information. Alternatively, you can click the mouse directly in the desired field and add the new information.
- Click the Save button on the toolbar to save the changes.

Adding Alias Information

Do the following to add information to the Alias Information screen:

- Pull up the Case to which you want to add alias information. (If you are not sure how to do this, refer to the previous section of this chapter, entitled “Pulling up Existing Recipient and Case Records”.)
- Click the View menu on the menu bar.
- Click Alias Information on the View menu to select it.
- On the Alias Information screen, press **Enter** until you arrive at the field to which you want to add new information. Alternatively, you can click the mouse directly in the desired field and add the new information.
- Click the Save button on the toolbar to save the changes.

. NOTE: The Alias Information data entry screen is accessible only through the View menu.

Chapter 3: Secondary Tasks

This chapter addresses the secondary tasks that you will perform as you use the FAIR System to track Medicaid fraud and abuse. Chapter 2, “Primary Tasks,” addresses the primary tasks involved in the tracking process.

Secondary tasks include the following:

Adding Items to Drop-down Lists

Performing Queries

Printing Reports

Adding Items to Drop-down Lists

The FAIR System includes a number of drop-down lists from which you will select entries to populate corresponding fields. It is not possible to type text directly into a drop-down list field, so items that are not present in drop-down lists must be added elsewhere. This is done using the Maintenance menu.

The table below shows an alphabetical list of all drop-down list field names, the Maintenance menus that are used to add items to them, and the screen(s) on which those drop-down list fields appear.

Drop-down List Field Name	Corresponding Maintenance Menu Option	Screen(s) Where Drop-down List Item Appear(s)
Allegation	Allegations	Case Details
Board Type	Appeal Types	Case Resolutions
Case Closing Authority Code	Closing Authorities	Final Actions
Class	Classes	Case Details
Court Action Results	Court Results	Court Action
Court Location	Court Codes	Court Action
Debt Writeoff Authority Code	Debt Writeoff Codes	Final Actions
Grand Jury Results	Court Results	Court Action
IEVS Code	N/A	Case Details
Investigation Code	Investigators	Case Resolutions
Office Assigned	Offices	Case Resolutions
Priority	Priorities	Case Details
Race	Race Codes	Recipient Information
Referred By	Agency Contacts	Case Details
Referred to AG Results	AG Results	Court Action
Sentence Code	Sentence Codes	Final Actions
Source	Sources	Case Details
State	N/A	Recipient Information
Status	Status Codes	Case Details, Case Resolutions
Statute Code Violations	Statutes	Case Details
Type	Types	Case Details

Table 3-1. Drop-down List Fields and Corresponding Maintenance Menus and Screens

To Add an Item to a Drop-down List

- Refer to the table above to determine the Maintenance menu option that corresponds to the drop-down list to which you want to add an item.
- Click the Maintenance menu.
- Click on the desired Maintenance menu option to select it.
- See below for information on adding the Maintenance menu item you selected.

To Add Agency Contacts

. NOTE: Refer to the V13I Report (DMAS Eligibility Information) for any agency contact information that you do not already know.

- On the *Maintenance – Agency Contacts* pop-up window (see Figure 3-2), use the mouse to click the radio button beside the desired salutation (i.e., Mr., Mrs., or Ms.) and press **Enter**.
- Type the first name of the person and press **Enter**.
- Type the middle initial of the person and press **Enter**.
- Type the last name of the person and press **Enter**.
- Type the professional title of the person and press **Enter**.

- Type the first line of the person's address and press **Enter**.
- Type the second line of the person's address and press **Enter**.
- Type the city and press **Enter**.
- Type the state and press **Enter**.
- Type the zip code. (Information about how to add a different mailing address for an Agency Contact appears below.)
- Click in the *Telephone 1* field and type the telephone number (with or without dashes) and press **Enter**.
- Type the second telephone number (if applicable) and press **Enter**.
- Type the fax number and press **Enter**.
- Type the FIPS code and press **Enter**.
- Type the county and press **Enter**.
- Type the region and press **Enter**.
- Type the case worker ID and click OK.
- Click OK on the pop-up box that indicates that the record has been applied and saved.

Maintenance [X]

Maintenance - Agency Contacts

Mr. Mrs. Ms.

First Name/Initial Last Name

Title

Address1

Address2

City State Zip Code

Telephone1 Telephone2

Fax

Region

County

Fips Code

Case Worker ID

Mail Address

Figure 3-2. Maintenance – Agency Contacts

To Add a Different Mailing Address for an Agency Contact:

The Mail Address button on the Agency Contacts form (shown in Figure 3-2 above) allows you to add a mailing address that differs from a contact's professional or work address.

Do the following to add a mailing address for an Agency Contact:

- Follow all of the steps in the “To Add Agency Contacts” subsection above. You must do this because an Agency Contact must be saved to the database before you can enter a mailing address. (If the contact is one that already exists in the database, proceed to the next bullet item below.)
- Bring up the Agency Contact again after you have added it and after the form has closed. To do this, complete the following steps:
 - Click the Maintenance menu.
 - Click the Agency Contacts option to select it.
 - Click the New Query icon on the toolbar.
 - In the *Last Name* field on the Agency Contacts form, type the last name of the contact for whom you want to add a separate mailing address.
 - Click the Execute Query icon on the toolbar.
 - Make sure that the contact name that appears is the one you want. If it is not, click the Next Record arrow at the bottom of the screen until you come to the desired contact name.
 - (Proceed to the next bullet item below.)
- Click the Mail Address button and fill in the mailing address on the Mailing Address Information form.
- Click Exit on the Mailing Address Information form.
- Click OK on the Agency Contacts form.
- Click OK on the pop-up message telling you that the record has been saved.

To Add Any of the Following: AG Results, Allegations, Appeal Types, Classes, Closing Authorities, Court Codes, Court Results, Debt Writeoff Codes, Investigators, Offices, Priorities, Race Codes, Sentence Codes, Sources, Statutes, Status Codes, or Types:

- On the *Maintenance* pop-up window, click in the first blank field in the Code column; or, if there is not a blank field available in the Code column, click the Insert Record button on the toolbar to add one.
- Type the code in the Code column and press **Enter**.
- Type the description in the Description column and click OK.
- Click OK on the pop-up box that indicates that the record has been applied and saved.

. NOTE: The FAIR System automatically alphabetizes Maintenance codes and corresponding descriptions after they have been applied and saved.

Performing Queries

A powerful search engine within the FAIR System makes it possible for you to search for and find specific Recipient and Case records. This search/find process is known as “querying the database”, and it enables you to efficiently find any existing record that requires changes or additions.

To query the database, you will type whole or partial data into one or more fields on the Recipient Information screen. The ability of the FAIR System to return records using only partial data for a single field is especially useful because it allows you to find a record whose Recipient information you know only a piece of, such as part of the spelling of the last name.

It is not possible to perform a query using Case information. You must perform all queries on the Recipient Information screen using partial or whole pieces of Recipient data.

See below for detailed information on performing queries using partial or whole data.

Partial Data Queries

Partial data queries search the database using only part of the information for a given field on the Recipient Information screen. “Wild characters” indicate the part of the information that you do not know or are unsure of for that field. For example, to find a Recipient whose last name is either Robertson or Richardson, you would supply the “R” and the “SON” with a wild character in between them to indicate that you do not know the middle portion of the last name.

The following table presents the two FAIR System wild characters and explains how to use them in partial data queries.

Wild Character	Explanation	How to Use	Examples of Usage	Example of Results
_	<p>This wild character is an underscore (_), not a dash.</p> <p>To create an underscore, press Shift + underline. (The underline key is above and to the right of “P” on your keyboard.)</p>	<p>In the pattern, the underscore (_) matches <u>exactly one</u> character in the search criteria.</p> <p>Use the underscore when you are sure of all characters in the search criterion except <u>one</u>. (See the example in the next column.)</p>	<p>You want to find a Recipient whose last name is spelled either Andersen or Anderson.</p> <p>To find this Recipient, type the following into the <i>Last Name</i> field on the Recipient Information screen:</p> <p style="text-align: center;">Anders_n</p>	<p>Anders_n would return all of the following:</p> <ul style="list-style-type: none"> • Bart Andersen • Joe Andersen • Renee Anderson • Robert Anderson • Zelda Anderson <p>(NOTE: The above query results are examples only, and it is by coincidence if their names are present in the FAIR System database.)</p>

(Table continues on next page.)

Wild Character	Explanation	How to Use	Examples of Usage	Example of Results
%	<p>This wild character is a percent sign.</p> <p>To create a percent sign, press Shift + 5.</p>	<p>In the pattern, the percent sign (%) matches <u>zero or more</u> characters.</p> <p>Use the percent sign when you are not sure if your search criteria is missing any characters or when you know that your search criterion is missing at least one character and maybe more. (See the example in the next column.)</p>	<p>You want to find a Recipient whose first name is Bill, Billy, or Billyboy.</p> <p>To find this Recipient, type the following into the <i>First Name</i> field on the Recipient Information screen:</p> <p style="text-align: center;">Bill%</p>	<p>Bill% would return all of the following:</p> <ul style="list-style-type: none"> • Billie Hart • Bill Davidson • Bill Easterly • Bill Gates • Billy Stephens • Billyboy Sparks <p>(NOTE: The above query results are examples only, and it is by coincidence if their names are present in the FAIR System database.)</p>

Table 3-3. Wild Characters

To Perform a Partial Data Query

- Click the New Query button on the toolbar. (Doing this will automatically place your cursor in the *Social Security Number* field on the Recipient Information screen.)
- Press **Enter** to advance to the field for the piece of Recipient information that you want to use in your search.
- Type the text string with the appropriate wild character(s).
- Press **Enter** to advance to the next field that you want to use in your search. (You are not required to search on more than one field, but doing so will narrow your results set and make it easier for you to locate desired records.)
- Type the text string with the appropriate wild character(s) in the second search field. Press **Enter** to advance to any additional fields that you would like to include in your search and type the text and wild character(s).
- Click the Execute Query button on the toolbar when you have finished adding search criteria to the Recipient Information screen.
- Wait for the database to return the record(s). (The status of the query is indicated in the lower-left portion of the screen.)
- If the query returned multiple records, use the Next Record button on the lower-left portion of the screen to advance to the desired record.

Whole Data Queries

Whole data queries search the database using a whole piece of information in a given field(s) on the Recipient Information screen. For example, if you knew that a certain Recipient lived in Culpeper, you could search for that Recipient by typing “Culpeper” in the *City* field and executing the query. Such a query would likely return more than one Recipient, so it would be useful to narrow the search by providing another piece of information such as the Recipient’s last name or birth date.

To Perform a Whole Data Query

- Click the New Query button on the toolbar. (Doing this will automatically place your cursor in the *Social Security Number* field on the Recipient Information screen.)
- Press **Enter** to advance to the field for the piece of Recipient information that you know. (For example, if you know that the Recipient’s last name is Murray, press **Enter** until the cursor appears in the *Last Name* field.) If you intend to query using the Recipient’s Social Security Number, you do not need to advance to the *Social Security Number* field since the cursor is already in it.
- Type the known information. (In the example above, “Murray” is the known information.)
- Press **Enter** to advance to the next field that you want to use in your search. (You are not required to search on more than one field, but doing so will narrow your results set and make it easier for you to locate desired records.)
- Type the known information in the second search field. Press **Enter** to advance to any additional fields that you would like to include in your search and type the known information.
- Click the Execute Query button on the toolbar when you have finished adding search criteria to the Recipient Information screen.
- Wait for the database to return the record(s). (The status of the query is indicated in the lower-left portion of the screen.)
- If the query returned multiple records, use the Next Record button on the lower-left portion of the screen to advance to the desired record.

Find Button Queries

Use the “Find” Button Query when you have accessed a List of names and do not want or need to scroll through the entire list. (Lists of names are accessible by way of unlabeled buttons shown in Figure 3-4 below.)

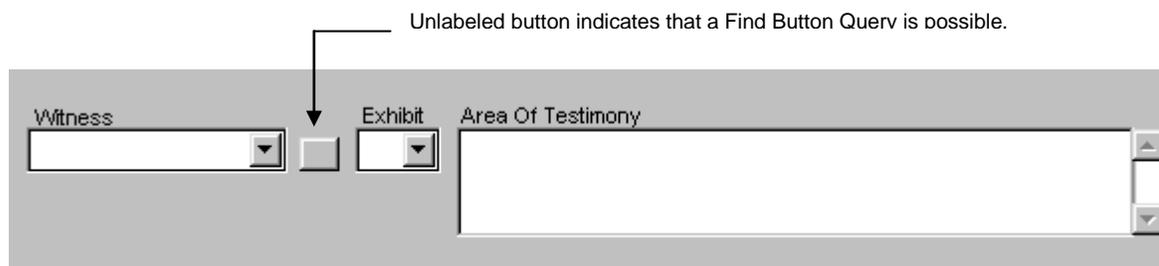


Figure 3-4. Unlabeled Button for Find Button Query.

As an example, if you need the name of an interviewee whose last name starts with “Sm”, you may want to perform a “Find” Button Query to avoid scrolling all the way down the list to interviewee last names starting with “Sm” (see Figure 3-5). (The interviewee list is on the Case Interviews form.)



Figure 3-5. Find Button Query /List Form.

Read the “Partial Data Queries” subsection of this chapter before proceeding with this subsection if you are not sure how to use wildcards in a search.

Do the following to perform a “Find” Button Query on a list form:

- On the List form, type in the *Find* field what you know of the name or item you need in the list. Be sure to type what you know before or after the “%” sign as appropriate. (See the “Partial Data Query” subsection of this chapter if you are unsure how to determine this.)
- Click the “Find” button on the List form.
- Click on the desired name or item. (You may still need to scroll to it.)
- Click the OK button to select the desired name or item and dismiss the form.

Printing Reports

. *NOTE: See Appendix H, “Reports”, for information on the content and meaning of specific reports and letters.*

Reports are the means by which you access compilations and summaries of the data that have been entered into the FAIR System. You can view common variables among cases, determine trends, view financial information, view witness lists, see which Cases have been closed, etc., by generating a report that includes the kind of information you want to view or evaluate. The Reports menu also includes various letters that routinely go out for different reasons.

Note that the FAIR System gives you the opportunity to preview all reports and letters on the screen before you print.

To Print a Report

- Click the Reports menu on the menu bar.
- Click on the desired report/letter to select it.
- When the Reports dialog box appears, type any additional information and make selections from any drop-down boxes. (See Table 3-6 below.)

The table below lists each report or letter, describes the menu path to each report or letter, specifies the information you must indicate on the Reports dialog box for each report or letter, and names any drop-down boxes on the Reports dialog box.

Report/Letter	Menu Path to Report/Letter	Information to Specify	Drop-down Selection
Recipient Letter (Conviction)	Reports/Conviction Letters/Recipient Letter	Case Number	Print Destination
DSS Letter	Reports/Conviction Letters/DSS Letter	Case Number	Print Destination
Claim History Request Report	Reports/Claim History Request	All Dates or Specific Date Periods	Print Destination
Low Letter	Reports/No-Low Letters/Low Letter	Case Number	Print Destination
No Letter	Reports/No-Low Letters/No Letter	Case Number	Print Destination
Open Cases	Reports/Status Reports/Cases/Open Cases	All Dates or Specific Date Periods	Print Destination
Closed Cases	Reports/Status Reports/Cases/Closed Cases	All Dates or Specific Date Periods	Print Destination
RFU6 Loss Summary	Reports/Status Reports/Cases/RFU6 Loss Summary	All Dates or Specific Date Periods	Print Destination
Money Payment Case Activity	Reports/Status Reports/Cases/Money Payment Case Activity	All Dates or Specific Date Periods	Print Destination
Open Investigations	Reports/Status Reports/Investigations/Open Investigations	All Dates or Specific Date Periods	Print Destination

Report/Letter	Menu Path to Report/Letter	Information to Specify	Drop-down Selection
Closed Investigations	Reports/Status Reports/Investigations/ Closed Investigations	All Dates or Specific Date Periods	Print Destination
Case Pending Report	Reports/Status/Case Pending Report	None	Print Destination
Case Variance Report	Reports/Status Reports/Case Variance Report	None	Print Destination
FIPS Codes	Reports/Status Reports/FIPS Code	<ul style="list-style-type: none"> • All Dates or Specific Date Periods • All FIPS Codes or Specific FIPS Codes 	Print Destination
Priority Code	Reports/Status Reports/Priority Code	<ul style="list-style-type: none"> • All Dates or Specific Date Periods • All Priority Codes or Specific Priority Codes 	Print Destination
RAU Activity Report	Reports/Status Reports/RAU Activity Report	Whether or not you want the report to be inclusive of current month	<ul style="list-style-type: none"> • Month/Year • Print Destination
Appeals Recovery Letter	Reports/Appeals Recovery Letter	<ul style="list-style-type: none"> • Case Number • Letter Introduction (optional) • Letter CCs (optional) • Envelope 	Print Destination
Case Activities	Reports/Case Activities	Case Number	Print Destination
Case Closure Recommendation Report	Reports/Case Closure Recommendation Report	Case Number	Print Destination
Change of Classification Report	Reports/Change of Classification Report	<ul style="list-style-type: none"> • Case Number • Letter Introduction (optional) • Letter CCs (optional) • Envelope 	Print Destination
Entities & Individuals	Reports/Entities & Individuals	Case Number	Print Destination
Evidence List	Reports/Evidence List	Case Number	Print Destination
File Enclosure	Reports/File Enclosure	Case Number	Print Destination
Financial Loss Summary	Reports/Financial Loss Summary	Case Number	Print Destination
Interview Report	Reports/Interview Report	Case Number	Print Destination
Investigative Report	Reports/Investigative Report	<ul style="list-style-type: none"> • Case Number • Letter Introduction (optional) • Letter CCs (optional) 	Print Destination
Paid Claims Tally	Reports/Paid Claims Tally	Case Number	Print Destination
Presentation Letter	Reports/Presentation Letter	<ul style="list-style-type: none"> • Case Number • Inquiry Date • Envelope 	Print Destination
QC Case Letter	Reports/QC Case Letter	<ul style="list-style-type: none"> • Case Number • Letter Introduction (optional) • Letter CCs (optional) 	Print Destination

Report/Letter	Menu Path to Report/Letter	Information to Specify	Drop-down Selection
		<ul style="list-style-type: none"> Envelope 	
RFU6 Letter	Reports/RFU6 Letter	<ul style="list-style-type: none"> Case Number Report/Letter Introduction CCs 	Print Destination
Tally Memo	Reports/Tally Memo	Case Number	Print Destination
Witness List	Reports/Witness List	Case Number	Print Destination

Table 3-6. Reports and Letters

. NOTE: Print dialog boxes for some reports include an Envelopes checkbox (see Figure 3-7 below). A checkmark in this box indicates that you would like to print a corresponding envelope for the report/letter you are printing. Where printing an envelope is not an option, the Envelopes checkbox is grayed out. (When CCs are not available, the CC fields are also grayed out.)



Figure 3-7. Envelopes Checkbox.

Appendix A: General Business Processes for Medicaid Fraud and Abuse Investigation and Reporting

This appendix summarizes the general business processes associated the origination and tracking of Medicaid fraud and abuse cases.

. NOTE: This appendix is intentionally brief and aims to provide only the most basic information for the new investigator in the Recipient Audit Unit. Other sources of more detailed information are available within the department.

The Recipient Audit Unit – Background and Authority

The Recipient Audit Unit (RAU) originated as the Recipient Fraud Unit (RFU) in 1982. As part of the Department of Medical Assistance Services, the Recipient Audit Unit shares with the Department of Social Services the responsibility for investigating criminal Medicaid eligibility cases. Local social service agencies have the primary responsibility for investigating cases alleging eligibility fraud by persons receiving money grants under the Temporary Assistance to Needy Families (TANF) and Food Stamps and Energy Assistance programs. The Recipient Audit Unit has the primary responsibility for investigating allegations of eligibility fraud in all other categories of recipients.

The Recipient Audit Unit is also responsible for investigating all criminal acts (committed by persons other than providers) that are not related to eligibility. Such acts include, but are not limited to, selling, giving or stealing an eligibility card; using a Medicaid card to obtain drugs which were attempted by means of a forged or altered prescription; or selling drugs, medical equipment, or supplies paid for by Medicaid. The Recipient Audit Unit pursues the recovery of misspent funds and punishment by the court system where applicable.

Statutory Requirements for the Recipient Audit Unit

The primary statutory requirements for the Recipient Audit Unit include the following:

- CFR 455.15(b) states: “If there is a reason to believe that a recipient has defrauded the Medicaid Program, the agency must refer the case to an appropriate law enforcement agency.”
- Section 63.1 – 124 of the Code of Virginia currently states: “It shall be the duty of the local superintendent of the Commissioner of Health or the Director of the Department of Medical Assistance Services to enforce the provisions of the section, and he shall cause a warrant or summons to be issued for each violation of which he has knowledge.”
- Section 32.1 – 321.1 of the Code of Virginia gives the Recipient Audit Unit of the Department of Medical Assistance Services the authority to conduct both criminal and civil investigations as well as working with other governmental agencies, both federal and state, in the detection and deterrence of fraud by recipients or their agents.
- Section 32.1 – 321.2 of the Code of Virginia provides for the recovery of funds spent erroneously as well as the leveling of interest at a current judgment rate of 8%.
- Section 32.1 – 321.3 of the Code of Virginia provides for civil recovery of funds paid for benefits which were received as the result of a fraudulent act or acts. This section also provides for the assessment of interest “at the rate of 1 ½% per month for the period from the date when payment was made for such benefits to the date when repayment is made to the Commonwealth of Virginia.”
 - Section 32.1 – 321.2 of the Code of Virginia also permits the Attorney General, for those cases that the local Commonwealth’s Attorney declines to prosecute, to seek an order from the court of jurisdiction for the assessment of civil penalties in addition to the repayment of the amount of the benefits. This statute effectively provides for the recovery of double the amount paid by the Department, plus interest compounded at 1 ½% per month.
- Section 32.1 – 321.4 of the Code of Virginia provides for the criminal prosecution of persons making fraudulent applications for themselves or others. Penalties for this are those imposed for larceny, plus a fine of up to \$10,000. This Section also states, “It shall be the duty of the Director of Medical Assistance Services or his or her designee to enforce the provisions of this section.”

- Section 55 – 19.1 of the Code of Virginia provides for the reformation of discretionary trust to require the trustee to pay for the medical expenses of the beneficiary.
- Section 18.2 – 258.1 of the Code of Virginia makes obtaining controlled substances by false pretenses or forgery a felony.
- Section 20 – 88.01 of the Code of Virginia addresses the uncompensated transfer of property within four years of making the application for Medicaid and allows recovery of benefits from the transferee.

Fraud and Abuse Case Origination

Referrals from local agencies of the Department of Social Services are the primary sources for allegations of wrongdoing that become Medicaid fraud and abuse cases. Allegation information comes to the Recipient Audit Unit from the agencies, and a Medicaid fraud investigator pursues the allegation if it is established that a period of ineligibility existed and the claims exceed the minimum requirement for a case (\$300).

Fraud and Abuse Case Classification

All cases are one of three types: civil, criminal, or administrative. Case classification can change as new information emerges during the course of the investigation.

- Civil – Allegations of criminal acts of fraud, deception, etc. that cannot be proven become civil cases. Criminal cases that the Commonwealth’s Attorney declines to prosecute also become civil cases. Civil cases either involve criminal intent that cannot be proven, or they do not involve criminal intent in the context of the Medicaid benefits that were received.
- Criminal – Criminal cases involve the intent to defraud, deceive, or otherwise misrepresent facts, circumstances, or material information in the interest of obtaining Medicaid benefits. The ability to prove intent is critical to the successful prosecution of a criminal case. Individuals who are found guilty of a criminal act(s) become ineligible for Medicaid benefits for a 12-month period.
- Administrative – Administrative cases are those in which the RAU sends a letter to a Recipient appealing to him or her to make monetary restitution for a specified amount. These cases are defined by an absence of legal actions and court proceedings.

Investigation and Tracking of Fraud and Abuse Cases

In general, the process for the investigation and tracking of Medicaid fraud and abuse is as follows:

1. Department of Social Services agency or other source provides allegation to RAU;
2. RAU fraud investigator reviews the allegation for an understanding of the charges and calls the source with any questions;
3. Fraud investigator requests supporting documentation (e.g., income/resource verifications, deeds, signed applications, and documentation from any other agencies);
4. Fraud investigator interviews witnesses and agency workers;
5. Fraud investigator completely documents the case and determines the period of ineligibility and the amount of overpayment;
6. Fraud investigator determines whether the case is administrative or criminal on the basis of the evidence and information obtained (see below).

If the Case is Administrative

Fraud investigator notifies the recipient and asks for repayment of moneys.

If the Case is Criminal

- The investigator requests an interview with the suspect/recipient
- Fraud investigator re-evaluates the case after any interviews to see if information provided in the interview changes the status of the allegation
- Fraud investigator submits the case to the Commonwealth's Attorney for prosecution
- If the Commonwealth's Attorney declines to prosecute, the fraud investigator submits the case to the Attorney General's Office for civil action.

Recipient Audit Unit personnel use the FAIR (Fraud and Abuse Investigation and Reporting) System to track cases. Software developers in the Department of Medical Assistance Services developed this application specifically for use by the Recipient Audit Unit.

Most Common Allegations

The most common allegations associated with Medicaid fraud and abuse include the following:

- Over resources/unreported resources
- Uncompensated transfer of resources
- Over income/unreported income
- Underpaid patient pay
- Loss of SSI eligibility

Closing Fraud and Abuse Cases

A case is closed when one of the following conditions is met:

- Investigation of the allegation does not reveal wrongdoing; or,
- Full restitution has been made by the recipient.

The supervisor of the Recipient Audit Unit may authorize closing a case without presentation to an attorney if one of the following conditions is met:

- Recipient Audit Unit lacks the resources to pursue the investigation; or,
- Prosecution is declined.

Appendix B: General Information on Relational Databases

This appendix explains the basic functionality of a relational database such as the FAIR System.

What is a relational database?

The distinctive feature of a relational database is that pieces of data are linked together, or *related*, so that you can do a search on a piece of information you *do know* in order to find information that you *don't know*. For example, let's say you are interested in looking at the case information for a Medicaid Recipient named Karen Bellows. With a relational database, you can search on "Karen" or "Bellows" to find the related case information. In non-relational databases, searching for "Karen" or "Bellows" only returns names that include either Karen, Bellows, or both.

A relational database can be accessed by an *unlimited number of people from an unlimited number of places*, assuming appropriate network connections and available hardware. This means that the fraud investigator in Roanoke can enter some information in the database, and an investigator in Richmond can, assuming proper network connections and hardware, access the database and the information entered by the Roanoke investigator. By way of network connections and hardware, a relational database becomes a kind of "shared" or "common" storage space for multiple users.

One implied benefit to using a relational database is that everybody who has access to the database – whether in Roanoke, Richmond, or Norfolk – *has immediate access to the changes and updates to information in the database as they are made*, not hours or days later. This means that everybody has accurate, up-to-date information at all times, without waiting for downloads or file transfers. This makes a relational database an excellent information storage tool for Medicaid fraud investigators who are geographically remote from one another.

. *NOTE: There can be downloads or data imports/exports associated with relational databases; the above explanation avoids mention of those things for the sake of offering basic conceptual clarity about what a relational database is.*

Appendix C: Menus and Menu Options

This appendix lists and explains the FAIR System menus and menu options.

File

File menu options execute basic functions.

Save

Saves the current record.

Print Screen

Brings up the dialog box for choosing printing options.

Exit

Closes the FAIR System.

Edit

Edit menu options allow you to transfer, clear, or replicate selected text, fields, and records.

Cut

Cuts the selected text. (To place cut text in another field, click Edit/Paste.)

. NOTE: To select text, place the cursor to the left of the first letter of the first word that you want to select. Then, drag the mouse across all of the text you want to select. Dark blue highlighting around the text indicates that it has been selected.

Copy

Copies the selected text. (To place copied text in another field, click Edit/Paste.)

Paste

Pastes text that you have cut or copied. (To cut or copy text, select the text with the mouse and click Edit/Cut or Edit/Copy.)

Clear Field

Clears the field in which the cursor is located.

Clear Record

Clears the record in which the cursor is located.

Duplicate Item

Duplicates the previous record's value for the same field.

Duplicate Record

Duplicates all values from the previous Recipient or Case record as determined by the location of the cursor. You can duplicate a record's information into a new record only, so you must click the Insert Record button on the toolbar before you select the Duplicate Record option.

View

View menu options display screens and information forms.

Case Details

Displays the Case Details screen.

Case Resolutions

Displays the Case Resolutions screen.

Court Actions

Displays the Court Actions screen.

Final Actions

Displays the Final Actions screen.

Alias Information

Displays the Alias Information screen.

Case Activity

Displays the Case Activity form. (This form is also accessible through the Case Activity button on the Case Resolutions screen.) To print Case Activity information that you have entered for a Recipient, generate the Case Activities report.

Claims Summary

Displays the Claims Summary form. (This form is also accessible from the Case Resolutions screen.) To print Claims Summary information that you have entered for a Recipient, generate the Financial Loss Summary report.

Evidence List

Displays the Evidence List form. (This form is also accessible from the Case Resolutions screen.) To print Evidence List information that you have entered for a Recipient, generate the Evidence List report.

Paid Claims Tally

Displays a tally of claims paid in behalf of a Recipient. (This form is also accessible from the Case Resolutions screen.) To print Paid Claims Tally information that you have entered for a Recipient, generate the Tally Memo report.

Witness List

Displays the Witness List form. (This form is also accessible from the Case Resolutions screen.) To print Witness List information that you have entered for a Recipient, generate the Witness List report.

Query

Query menu options allow you to execute query functions.

Enter Query

Clears the screen and puts the FAIR System into query mode.

Execute Query

Executes the current query. [You must put the FAIR System in query mode and type some query data into a field(s) on the Recipient Information screen before you choose the Execute Query option.]

Count Hits

Indicates how many records would be returned if a query were executed for the query data currently in a field(s) on the Recipient Information screen. [You must put the FAIR System into query mode and type

some query data into a field(s) on the Recipient Information screen before you choose the Count Hits option.]

Search

The Search menu has only one option: By Case Number. This menu option allows you to find a Case by its assigned Case number.

Cancel

Cancels a query that is in process.

Records

Records menu options allow you to move among data entry screens and Recipient and Case records.

Previous Screen

Displays the screen that precedes the one you are on in the following linear sequence: Recipient Information, Case Details, Case Resolutions, Court Action, Final Actions.

Next Screen

Displays the screen that comes after the one you are on in the following linear sequence: Recipient Information, Case Details, Case Resolutions, Court Action, Final Actions.

First Record

Displays the first record in the current group of Recipient or Case records.

Last Record

Displays the last record in the current group of Recipient or Case records.

Previous Record

Displays the Recipient or Case record that precedes the one you are on.

Next Record

Displays the Recipient or Case record that is after the one you are on.

Reports

. NOTE: See Appendix H, "Reports", for details on specific reports and letters under the Reports menu.

Reports menu options open dialog boxes that provide editing, viewing, and printing options for FAIR System reports and letters.

Maintenance

Maintenance menu options allow you to add items to the various drop-down lists in the FAIR System. The following table lists the Maintenance menu options, tells what each does when clicked, identifies corresponding drop-down lists, and tells where in the FAIR System those drop-down lists appear.

As an example, the first item in the Maintenance Menu Option column of the table below is "Agency Contacts". This means you would use the Agency Contacts option to add items to the Referred By drop-down list on the Case Details screen, as indicated by the other items in the first row of the table. As a second example, "Statute Codes" is another item in the Maintenance Menu Option column of the table.

You would use the Statute Codes option to add items to the Statute Code Violations drop-down list on the Case Details screen, as indicated by other items in the same row of the table.

. NOTE: For information on how to add items to drop-down lists, see the “Adding Information to Drop-down Lists” section of Chapter 3.

Maintenance Menu Option	What the Maintenance Menu Option Does	Corresponding Drop-down List(s)	Screen(s) Where Drop-down List Item Appear(s)
Agency Contacts	Brings up the Agency Contacts input form	Referred By	Case Details
AG Results	Brings up the AG (Attorney General) Result Codes input form	Referred to AG Results	Court Action
Allegations	Brings up the Allegation Codes input form	Allegation	Case Details
Appeal Types	Brings up the Appeal Type Codes input form	Board Type	Case Resolutions
Classes	Brings up the Classes input form	Class	Case Details
Closing Authorities	Brings up the Closing Authority Codes input form	Case Closing Authority Code	Final Actions
Court Codes	Brings up the Court Codes input form	Court Location	Court Action
Court Results	Brings up the Court Result Codes input form	Court Action Results, Grand Jury Results	Court Action
Debt Writeoff Codes	Brings up the Debt Writeoff Codes input form	Debt Writeoff Authority Code	Final Actions
Investigators	Brings up the Investigator Codes input form	Investigation Code	Case Resolutions
Offices	Brings up the Office Codes input form	Office Assigned	Case Resolutions
Priorities	Brings up the Priority Codes input form	Priority	Case Details
Race Codes	Brings up the Race Codes input form	Race	Recipient Information
Sentence Codes	Brings up the Sentence Codes input form	Sentence Code	Final Actions
Sources	Brings up the Source Codes input form	Source	Case Details
Statutes	Brings up the Statute Codes input form	Statute Code Violations	Case Details
Status Codes	Brings up the Status Codes input form	Status	Case Details, Case Resolutions
Types	Brings up the Case Type Codes input form	Type	Case Details

Table C-1. Maintenance Menus and Corresponding Drop-down Lists and Screens

Help

Help menu options provide error message information, keyboard shortcuts, and FAIR System version information.

Display Error

Displays detailed information about FAIR System errors that have occurred. Oracle software developers are the primary users of this option, and you may never need to use it.

Display Keyboard

Displays a list of keyboard shortcuts for executing menu commands.

About

Displays FAIR version number, copyright information, database type, operating system, and user interface information.

Window

Window menu options are Windows 95 defaults that have limited application in the FAIR System. Generally, these options allow you to manipulate the layout of windows and icons on the screen.

Cascade

Places open windows in an overlapping cascade arrangement that prevents one window from totally obscuring another. Has very limited use in the FAIR System.

Tile

Places open windows in a non-overlapping tile arrangement. Has no use in the FAIR System.

Arrange Icons

Arranges icons in Windows applications. Has no use in the FAIR System.

. NOTE: The line of text at the bottom of the Window menu is a Windows 95 default item that indicates the name of the active window.

Appendix D: Toolbar Buttons

This appendix shows and explains each of the toolbar buttons in the FAIR System.

Exit

The Exit button exits you out of the FAIR System.



Save/Update

The Save/Update button saves the current record and updates the database accordingly.



Print Screen

The Print Screen button prints the current screen.



To Use the Print Screen Button

- Click the Print Screen button while you are on the screen you want to print.
- On the Print Setup dialog box, choose printer, orientation, and paper options if needed. Default settings for these options are probably fine.
- Click the OK button.

New Query

The New Query button puts the FAIR System in “query mode” in preparation for use of the Execute Query button or the Count Query Hits button.



Execute Query

The Execute Query button tells the FAIR System to search the database for records whose information matches the query data that has been entered.



Abort Current Query

The Abort Current Query button stops the query that is currently in process.



Count Query Hits

The Count Query Hits button tells how many records would be returned for the search criterion that has been entered if the query were executed (using the Execute Query button). For example, if you typed 036 in the *Fips No* field and pressed the Count Query Hits button, you would see a pop-up box telling you how many records would be retrieved if you executed the query. The Count Query Hits button is active only when the FAIR System is in query mode.



To Use the Count Query Hits Button

- Click the New Query button
- Type query data into one or more Recipient Information screen fields
- Click the Count Query Hits button

Insert Record

The Insert Record button inserts a new record of whatever type (e.g., Recipient record, Case record, etc.) the cursor is on when the Insert Record button is pressed. See the examples below for details.



To Insert a Recipient Record

The Insert Record button clears the entire data entry area if it is clicked when the cursor is on the Recipient Information screen. The blank Recipient Information screen is then ready for new Recipient information and becomes a new Recipient record when saved.

To Insert a Case Record

The Insert Record button clears only the lower portion of the data entry area if it is clicked when the cursor is on any of the Case or court screens. The blank Case Details screen is then ready for new Case information and becomes a new Case record when saved.

To Insert a Maintenance Menu Item Record

The Insert Record button inserts a blank row for the Maintenance menu options that have columns and rows. You would use the Insert Record button to add a row if all of the rows on a Maintenance menu form already contained data and you needed to add some new data. For example, if there were no blank rows on the *Maintenance – Court Codes* window, you would click the Insert Record button to add a blank row. You would then type the new court code information into the new blank row.

The Insert Record button adds a new form for the Agency Contacts option under the Maintenance menu. (Currently this is the only Maintenance menu item that does not have a row/grid input form.)

Delete Record

This button deletes the current record from the database. Your Delete Record button may be inactive if you are not in a supervisory position.



Clear Form

This button clears the form where the cursor is located.



. NOTES:

- *If you are in the FAIR System and cannot remember what a particular toolbar button does, slowly pass the mouse across that toolbar button without clicking. The function that button performs will display in a small pop-up box below the button.*
- *Toolbar buttons not included in this appendix are not active in the FAIR System.*

Appendix E: Fields and Field Meanings

The tables in this appendix list and explain the fields on each of the data entry screens in the FAIR System.

Recipient Information Screen Fields

The table below presents Recipient Information screen fields in the order in which you advances through them. Required fields appear in bold text.

Field Name	Meaning
SSN	Social Security Number of Recipient
Mr., Mrs., or Ms.	Salutation that applies to the Recipient
First Name	First name of Recipient
Middle Initial	Middle initial of Recipient
Last Name	Last name of Recipient
Birth Date	Birth date of Recipient
Race	Race of Recipient
Male, Female	Sex of Recipient
Address 1	First line of Recipient's address
Address 2	Second line of Recipient's address (if applicable)
City	Recipient's city of residence
State	Recipient's state of residence
Zip Code	Recipient's zip code
Mail Address	Address to which all mail should be directed for this Recipient
Medicaid Number	Medicaid number of Recipient
Welfare Number	Welfare number of Recipient (if applicable)
Ins No	Insurance number of Recipient as indicated on TPL (third-party liability) page of V13I report
Vets Admin No	Veteran's Administration Number of Recipient as indicated on TPL page of V13I report
Fips No	Federal Information Processing Standards number of Recipient (This number corresponds to a locality within the state of Virginia. See Appendix F for a complete list.)
Comments	Informational notes that clarify or explain something about the Recipient

Table E-1. Recipient Information Screen Fields

Case Details Screen Fields

Most of the Case Details screen fields appear in the lower half of the Recipient Information screen. The screen name changes from Recipient Information to Case Details when the cursor enters the *Location* field (see below), which appears in the upper-right corner of the Recipient Information portion of the screen even though it is a Case Details field.

The following table presents Case Details screen fields in the order in which the cursor advances through them. Required fields appear in bold text.

Field Name	Meaning
Location	Physical location of the file at the present time
Filed Date	Date on which the file was filed in its current location
Old	Old case worker ID (if applicable)
New	New case worker ID (if applicable)
Date Received	Date on which the allegation was received
Allegation	Type of Recipient wrongdoing alleged
Claim Requests	Medicaid claim history
Status	Current status of Case (You will need to change the value of this field periodically to indicate that a Case has progressed.)
Open Date	Date on which a Case status moves from Referral to Investigation
Review Date	Date on which fraud investigator reviews the Case
Closed Date	Date on which Case status moves from Investigation to Closed
Referred By*	Name of person or agency that referred the Case
Source*	Source of Case referral
Type*	Type of fraud and abuse case as indicated by the referring authority
Priority*	Recipient Audit Unit’s assessment of the relative importance of a Case as determined by such things as Recipient behavior (e.g., card sharing) or loss amount (e.g., loss greater than \$30,000).
Class*	Categories of legal or other action that will be taken to prosecute the individual and/or seek monetary restitution.
IEVS (Income Earning Verification Statements) Code	Sources of income that could be associated with a Recipient and could make that Recipient ineligible for Medicaid
Statute Code Violations	Codes identifying specific passages of Medicaid laws
Periods of Medicaid Ineligibility	Periods of time during which a Recipient has been determined to be ineligible for Medicaid benefits
Comments	Informational notes that clarify or explain something about the Case.

Table E-2. Case Details Screen Fields

. NOTE: The Case No field indicates the case number of the currently displayed Case. This field is “grayed out” and remains inaccessible to you, so the table above does not include it.

*Required field only when Status field entry is “Investigation”.

Case Resolutions Screen Fields

The following table presents Case Resolution screen fields in the order in which the cursor advances through them.

Field Name	Meaning
Investigator Code	Identifies the investigator by name or by region
Office Assigned	Identifies the regional DMAS office to which a case has been assigned
Open Date	Date on which the fraud investigator began reviewing the case
Closed Date	Date on which the investigation was closed
Possible Fraud	Indicator of possible criminal intent
Date Loss Computed	Date on which claims for period of ineligibility were tallied
Loss Amount	Sum of claims for period of ineligibility
Assets Amount	Dollar amount of assets (moneys, real property, land, etc.) owned by Recipient during period of ineligibility
RFU6 Mailed Date	Date on which RFU6 letter was mailed. The monthly report establishing the total amount of money requested by the Recipient Fraud Unit relies on the presence of an accurate date in this field.
RFU7 Mailed Date	Date on which RFU7 letter was mailed. Date should be 30 days after RFU6 mail date.
Claims Summary (Summary Month/Summary Amount)	Month(s) and corresponding amount(s) of the claims associated with a Recipient
Case Activity (Activity Date/Activity Description)	Notations on circumstances, events, etc. that the investigator feels are relevant to the case
Witness List (Witness/Area of Testimony)	Names of court witnesses and corresponding areas of testimony
Case Entities	Persons or entities who are (or are thought to be) associated with an act(s) of fraud committed by the Recipient
Evidence List (Exhibit/Exhibit Descrip.)	Exhibit number or letter (e.g., Exhibit A, Exhibit 2, etc.) and description of the exhibit
Case Interviews	Individuals interviewed in association with the Case
Paid Claims Tally	Medicaid claims paid in behalf of the Recipient
Board Type	Type of appeal board (e.g., Eligibility or Level of Care)
Basis of Appeal	Facts associated with the Recipient's eligibility or information about the level of care the Recipient received, depending on the appeal type
Hearing Officer	Name of Hearing Officer
From Date	Date on which the appeal was filed
To Date	Date on which a decision was made
Joint Investigation	Indicates whether or not the Attorney General's office is working with another party or Agency in cases where the AG's office is involved
Referral Date	Date on which the case was referred to the Attorney General's office
Opinion Returned	Date on which the Attorney General's office made a formal statement about how the case should be handled
Status	Indicates the phase of the investigation process that the case was in when it was referred to the Attorney General's office. Field should be updated as the case progresses.
Police Lead Agent	Name of lead law enforcement authority (police or other) involved in the joint investigation with the Attorney General's office
Type	Type of property associated with any illegal property transfer(s) associated with the Recipient
Application Date	Date on which Recipient applied for Medicaid as indicated by the application he or she submitted
Actual Date	Date on which any illegal property transfer(s) associated with the recipient took place

Table E-3. Case Resolution Screen Fields

Court Action Screen Fields

The following table presents Court Action screen fields in the order in which the cursor advances through them.

Field Name	Meaning
Referred to Police	Whether or not the Case has been referred to the police
Referred Date	Date on which the Case was referred to police
Warrant Issued	Whether or not a warrant has been issued for the arrest of the Recipient
Warrant Issued Date	Date on which the warrant was issued
Jailed	Whether or not the Recipient was jailed
Jailed Date	Date on which the Recipient was jailed
Referral Date	Date on which the Recipient was referred to an attorney
Indictment Counts	Number of counts of wrongdoing on which a Recipient is being charged
Attorney's Name	Name of attorney to which Recipient was referred
Action/Referred to AG	Checkmark in this box indicates that the Case was referred to the Attorney General's Office
Action Date/Referred to AG	Date on which Attorney General's Office took action on the Case
Results/Referred to AG	Results of the referral to the Attorney General's Office
Action/Grand Jury	Checkmark in this box indicates that the Case went to a Grand Jury
Action Date/Grand Jury	Date on which the Grand Jury heard the Case
Results/Grand Jury	Results of the Grand Jury hearing the Case
Action/Court Action	Checkmark in this box indicates that the Case involved court action
Action Date/Court Action	Date on which court action took place
Results/Court Action	Results of the court action
Court Location	Location of the court where court action took place
District, Circuit	Type of court in which court actions took place
Arraignment	Checkmark indicates that Recipient was arraigned
Bonded	Checkmark indicates that Recipient was bonded

Table E-4. Court Action Screen Fields

Final Actions Screen Fields

The following table presents Final Actions screen fields in the order in which the cursor advances through them.

Field Name	Meaning
Circuit Court Restitution	Checkmark in this box indicates that the Circuit Court decided that the Recipient will make monetary restitution
Restitution Date	Date by which Recipient will make monetary restitution
Restitution Amount	Amount of money the Recipient will pay back
Sentence Code	Indicates how the circuit court sentenced a Recipient
Interest Imposed	Checkmark in this box indicates that interest will be charged on the amount of money the Recipient will pay back
Penalty Imposed	Checkmark in this box indicates that a penalty was imposed on the Recipient
Credit Bureau Code	Credit bureau rating for the Recipient
Garnish Filed	Date on which the wage garnish was filed
Levy Filed	Date on which a levy was filed to intercept any refunds due the Recipient from the Department of Taxation
Exec Filed	Date on which the executor of the Recipient's estate filed a motion indicating the lawfulness of his or her actions in behalf of the Recipient
Lien Docketed	Date on which a lien against a Recipient's asset was filed
Deed Filed	Date on which the deed was filed for the asset in question
Chapter 13	Date on which the Recipient filed Chapter 13
Bankruptcy	Date on which the Recipient filed bankruptcy
Trust Reform	Date on which the conditions of a trust were reformed to make the trust Medicaid eligible
Warrant in Debt	Date on which a claim for \$10,000 or less was filed against the Recipient
Voluntary Payback Date	Date by which the Recipient voluntarily agrees to repay funds owed
Payback Amount	Amount of funds the Recipient will pay back
Recovery Date	Date on which Recipient DMAS received all funds due from a Recipient
Recovery Amount	Total amount of funds paid back by a Recipient
Debt Writeoff Date	Date on which the RAU will write off a debt and turn it over to a third-party collection agency
Debt Writeoff Authority Code	Reason for debt writeoff
Case Closing Authority Code	Reason for Case closing
Final Comments	Informational notes that clarify or explain something about the Case

Table E-5. Final Actions Screen Fields

Alias Information Screen Fields

The following table presents Alias Information screen fields in the order in which the cursor advances through them.

Field Name	Meaning
Last Name	Bogus last name by which the Recipient may also be known or may have been known
First Name	Bogus first name by which the Recipient may also be known or may have been known
Prev Ssn	Alternate Social Security Number that the Recipient may be using or may have been using
Prev Medicaid	Alternate Medicaid number that the Recipient may be using or may have been using

Table E-6. Alias Information Screen Fields

Appendix F: Federal Information Processing Standards (FIPS) Codes

The table on the following pages lists Virginia FIPS codes and corresponding localities, phone numbers, fax numbers, and DMAS region assignments.

Code	Locality	Phone	Fax	DMAS Region
001	Accomack	757 787-1530	757 787-9303	Eastern
003	Albemarle	804 972-4010	804 972-4080	Central
005	Alleghany-Covington	540 965-1780	540 965-1787	Southwest
007	Amelia	804 561-2681	804 561-6040	Central
009	Amherst	804 946-9330	804 946-9319	Central
011	Appomattox	804 352-7125	804 352-0064	Central
013	Arlington	703 228-5055	703 228-5051	Central
015	Staunton-Augusta	540 245-5800		Central
017	Bath	540 839-7271	540 839-7278	Central
019	Bedford	540 586-7750	540 586-7785	Central
021	Bland	540 688-4111		Southwest
023	Botetourt	540 473-8210	540 473-8325	Southwest
025	Brunswick	804 848-2142	804 848-2828	Eastern
027	Buchanan	540 935-8106	540 935-5412	Southwest
029	Buckingham	804 969-4246	804 969-1449	Central
031	Campbell	804 847-0961	804 332-1707	Central
033	Caroline	804 633-5071		Eastern
035	Carroll	804 236-7181	804 728-9987	Southwest
036	Charles City	804 829-9207	804 829-2430	Eastern
037	Charlotte	804 542-5164	804 542-5692	Central
041	Chesterfield – Colonial Heights	804 748-1100	804 796-1837	Eastern
043	Clarke	540 955-3700	804 955-3958	Central
045	Craig	540 864-5117	804 864-6662	Southwest
047	Culpeper	540 825-1251	540 825-1677	Central
049	Cumberland	804 492-4915 or 4916	540 492-9346	Central
051	Dickenson	540 926-1661, 2, 3, or 4	540 926-8144	Southwest
053	Dinwiddie	804 469-4524	804 469-4506	Eastern
057	Essex	804 443-3561	Same as phone	Eastern
059	Fairfax	703 324-7500	703 222-9759	Central
061	Fauquier	540 347-2316	540 341-2788	Central
063	Floyd	540 745-9316	540 745-9325	Southwest
065	Fluvana	804 824-8221	804 842-2776	Central
067	Franklin	540 483-9247	540 483-1933	Southwest
069	Frederick	540 665-5688	540 665-5664	Central
071	Giles	540 626-7291	540 626-7911	Southwest
073	Gloucester	804 693-2671	804 693-5511	Eastern
075	Goochland	804 556-5332 or 784-5510	804 556-4718	Central
077	Grayson	540 773-2452	540 773-2361	Southwest
079	Greene	804 985-5246	804 985-3705	Central
081	Greensville – Emporia	804 634-6576	804 634-9504	Eastern
083	Halifax	804 476-6594	804 476-5258	Central
085	Hanover	804 752-4100	804 752-4110	Eastern
087	Henrico	804 672-4001	804 672-4006	Eastern
089	Henry – Martinsville	540 656-4300	804 656-4303	Southwest
091	Highland	540 468-2199	540 468-3099	Central
093	Isle of Wight	757 365-0880	757 365-0886	Eastern
095	James City	757 259-3100	757 259-3188	Eastern
097	King and Queen	804 769-5003	804 785-2603	Eastern
099	King George	540 775-3544	540 775-3098	Eastern
101	King William	804 769-4905	804 769-4964	Eastern

(Table continues on next page.)

Code	Locality	Phone	Fax	DMAS Region
103	Lancaster	804 462-5141	804 462-0330	Eastern
105	Lee	540 346-1010	540 346-2217	Southwest
107	Loudon	703 777-0353	703 771-5412	Central
109	Louisa	540 967-1320 or 3804	540 967-0593	Central
111	Lunenburg	804 696-2134	804 696-2534	Central
113	Madison	540 948-5521 or 5531	540 948-3762	Central
115	Mathews	804 725-7192	804 725-7086	Eastern
117	Mecklenburg	804 738-6138	804 738-6857	Central
119	Middlesex	804 758-2348	804 758-2357	Eastern
121	Montgomery	540 382-6990	540 382-6945	Southwest
125	Nelson	804 263-8334	804 263-8605	Central
127	New Kent	804 966-9625	804 730-9550	Eastern
131	Northampton	757 678-5153	757 678-0475	Eastern
133	Northumberland	804 580-3477	804 580-5815	Eastern
135	Nottoway	804 645-8494	804 645-7643	Central
137	Orange	540 672-1155	Same as phone	Central
139	Page	540 743-6568	Same as phone	Central
141	Patrick	540 694-3328 or 4249	540 694-8210	Southwest
143	Pittsylvania	804 432-7281	804 432-0923	Central
145	Powhatan	804 598-5630	804 598-5614	Central
147	Prince Edward	804 392-3113	804 392-8453	Central
149	Prince George	804 733-2650	804 733-2603	Eastern
153	Prince William	703 792-7500	703 792-7596	Central
155	Pulaski	540 980-7995	Same as phone	Southwest
157	Rappahannock	540 675-3313 or 3314	540 675-3315	Central
159	Richmond County	804 646-7430	804 646-7018	Eastern
161	Roanoke	540 387-6087	540 387-6210	Southwest
163	Rockbridge	540 463-7143	540 464-9110	Central
165	Harrisonburg – Rockingham	540 574-5100 or 5110	540 574-5127	Central
167	Russell	540 889-2679 or 3031	540 889-2662	Southwest
169	Scott	540 386-3631	540 386-6031	Southwest
171	Shenandoah	540 459-3736	540 459-8959	Central
173	Smyth	540 783-8148	540 783-6327	Southwest
175	Southampton	757 653-3080	757 653-3057	Eastern
177	Spotsylvania	540 582-7065	540 582-7086	Central
179	Stafford	540 659-8720	540 659-8798	Central
181	Surry	757 294-5240	757 294-5248	Eastern
183	Sussex	804 246-7020	804 246-2504	Eastern
185	Tazewell	540 988-2521	540 988-2765	Southwest
187	Warren	540 635-3430	540 635-8451	Central
191	Washington	540 645-5000	540 645-5055	Southwest
193	Westmoreland	804 493-9305	804 493-9309	Eastern
195	Wise	540 328-8056 or 8057	540 328-8632	Southwest
197	Wythe	540 228-5493 or 5912	540 228-9272	Southwest
199	York – Poquoson	757 890-3930	757 890-3934	Eastern
510	Alexandria	703 838-0700	703 836-2355	Central
515	Bedford	540 586-7750	540 586-7785	Central
520	Bristol	540 645-7450	540 645-7475	Southwest
530	Rockbridge/Buena Vista	540 463-7143	540 464-9110	
540	Charlottesville	804 970-3400	804 970-3444	Central

(Table continues on next page.)

Code	Locality	Phone	Fax	DMAS Region
550	Chesapeake	757 382-2000	757 543-1644	Eastern
560	Clifton Forge	540 863-2525	Same as phone	Southwest
570	Chesterfield – Colonial Heights	804 748-1100	804 796-1837	
580	Alleghany – Covington	540 965-1780	Same as phone	Southwest
590	Danville	804 799-6543	804 797-8818	Central
595	Greensville – Emporia	804 634-6576	804 634-9504	Eastern
600	Fairfax	703 324-7500 or 7800	703 222-9759	
610	Fairfax	703 324-7500 or 7800	703 222-9759	
620	Franklin City	757 562-8520, Ext. 250	757 562-0402	Eastern
630	Fredericksburg	540 372-1032	Same as phone	Central
640	Galax	540 236-8111	540 236-9313	Southwest
650	Hampton	757 727-1800	757 727-1835	Eastern
660	Harrisonburg – Rockingham	540 574-5100 or 5110	540 574-5127	Central
670	Hopewell	804 541-2330	804 541-2347	Eastern
678	Rockbridge/Lexington	540 463-7143	540 464-9110	
680	Lynchburg	804 847-1551	804 847-1462	Central
683	Manassas	703 361-8277	703 361-6933	Central
685	Manassas Park	703 335-8880	703 335-0053	Central
690	Henry – Martinsville	540 656-4300	540 656-4303	Southwest
700	Newport News	757 926-6300	757 926-6118	Eastern
710	Norfolk	757 664-6000	757 664-3275	Eastern
720	Norton	540 679-2701 or 4393	540 679-0607	Southwest
730	Petersburg	804 861-4720 or 724-8426	804 861-0137	Eastern
735	York – Poquoson	757 890-3930	757 890-3934	Eastern
740	Portsmouth	757 398-3600	757 393-5174	Eastern
750	Radford	540 731-3663	540 731-5000	Southwest
760	Richmond City	804 780-7430	804 780-7018	Eastern
770	Roanoke City	540 853-2894	540 853-2027	Southwest
775	Roanoke County/Salem	540 387-6087	540 387-6210	Southwest
780	South Boston/Halifax	804 476-7594	804 476-5258	
790	Staunton – Augusta	540 245-5800	540 949-0518 (Warrenton)	Central
800	Suffolk	757 539-0216	757 539-2806 or 757 925-6354	Eastern
810	Virginia Beach	757 437-3200	757 437-3300	Eastern
820	Waynesboro	540 942-6646	540 942-6671	Central
830	Williamsburg	757 220-6161	757 220-6109	Eastern
840	Winchester	540 662-3807	Same as phone	Central

Table F-1. FIPS Codes

Appendix G: Definitions for Default Drop-down List Items

This appendix lists and explains the default values for the following drop-down lists on the following data entry screens:

Case Details	Case Resolutions	Court Action	Final Actions
Allegation Class IEVS Code Priority Source Status Statute Code Violations Type	Board Type Office Assigned Status	Court Action Results Grand Jury Results Referred to AG Results	Case Closing Authority Code Debt Writeoff Authority Code Sentence Code

Table G-1. Drop-down Lists Covered in this Appendix

Understanding the meaning or significance of drop-down list values in the context of tracking fraud and abuse will help you decide which values to choose when filling in drop-down list fields.

. NOTES:

- *For easy reference, the drop-down list fields in this appendix are listed in alphabetical order and not in the order they appear on the screens.*
- *Drop-down list selections defined in this appendix are listed in no particular order and may not match the order of items in your drop-down lists.*
- *Drop-down lists whose field labels and lists have been deemed self-explanatory have not been included in this appendix.*

Case Details Screen Drop-down Fields

The following explains drop-down fields and default drop-down field items on the Case Details screen.

Allegation

The allegation is the type of wrongdoing that the Recipient is suspected of committing. It provides the basis for the investigation.

. NOTE: See Appendix I for Sections of the Code of Virginia that correspond to the allegations named in the table below.

Drop-down Item	Definition or Explanation
Excess Resources	If an individual's countable resources (either owned or accessible from a spouse or to a child) are found to have exceeded the limit for that individual's Medicaid classification, then he or she may have violated Sections 32.1 – 321.3, 32.1 – 32.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Excess Income	If an individual's income during the period he or she received Medicaid benefits is found to have exceeded the limit for that individual's Medicaid classification, then he or she may have violated Sections 32.1 – 321.3, 32.1 – 32.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Obtaining Drugs by False Pretense	When an individual obtains drugs from a Medicaid card-holder who unlawfully obtained the drugs (e.g., by forged prescription, etc.), he or she may be violating Section 18.2 – 258.1, Code of Virginia.
Obtaining Medical Assistance by False Pretense	When an individual is involved in the selling, stealing, lending, borrowing, forging, or altering of a Medicaid card and the use of it to obtain benefits under the Medicaid Program, he or she is violating Sections 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Uncompensated Transfer of Property	Individuals who made an uncompensated transfer(s) of property within three years of entering long-term care (either facility or community-based) may be ineligible for any Medicaid benefits received and may be subject to penalty. Such individuals may be violating Section 20-88.02, Code of Virginia.
Loss of SSI	An individual who qualified for Medicaid under the SSI category of covered groups and subsequently loses his or her eligibility for SSI payments but fails to notify Medicaid of the change in circumstances is violating Section 63.1 – 112, Code of Virginia, and may be violating other statutes.
Agency Error	NOTE: Agency Error does not result in an allegation against a Recipient; it is included in the FAIR System Allegations list as a means of including Agency Error cases with other cases for which repayment is sought, either through legal action or administratively.
Card Sharing/Impersonation	When an individual either uses another individual's Medicaid card to obtain Medicaid benefits or represents himself or herself to be someone else (who is a Medicaid recipient) in order to obtain Medicaid benefits, he or she is violating Section 63.1 – 124, Code of Virginia.
Loss of Residency or Questionable Residency	An individual whose state or US residency has been lost or is in questionable standing may be violation Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, and 63.1 – 124, Code of Virginia.
Intact Family – No Deprivation	An individual who procures Medicaid benefits for a child under the Dependent Child, Families & Children (F&C), or other covered group that has a deprivation requirement that is found to not be met by the situation,
Victimization	An individual who knowingly and willfully converts any of another person's benefits or payments for purposes that do not promote or maintain the health and welfare of the other person is violating Section 32.1 – 321.4, Code of Virginia.

(Table continues on next page.)

Drop-down Item	Definition or Explanation
Loss of Appeal	A Recipient who has lost an appeal remains charged with the original allegation(s).
Unreported Medical Resources	An individual who willfully conceals a medical resource in the interest of obtaining Medicaid benefits for himself, herself, or another person may be guilty of
Child Absent from Home	If an individual has procured Medicaid benefits for a child under the Caretaker-Relative category of covered groups and the child is found to be absent from the home, that individual may be violating Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Ineligible Parent	An individual who procures Medicaid benefits under the Parent, LIFC, or other covered with parent eligibility requirements and who is found to not meet those requirements may be violating sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Termination of Pregnancy	A pregnant woman who qualified for Medicaid benefits under the Pregnant Woman classification of the Medically Needy covered group and received Medicaid benefits beyond the termination of a pregnancy that did not result in a live birth or beyond the scheduled termination of benefits (as determined by her original due date) is in violation of Section 63.1 – 112, Code of Virginia, and may be in violation of other Sections.
Illegal Alien	Aliens who do not meet eligibility requirements pertaining to legal residency are ineligible for Medicaid benefits. Illegal aliens receiving Medicaid benefits may be in violation of Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Unreported Marriage	A marriage that occurred subsequent to the evaluation of resources and income on which current assistance is based may have reduced the amount of assistance for which a Recipient is eligible, or it may have change the Recipient’s eligibility status. Failure to notify Medicaid of such a change in circumstances is a violation of Section 63.1 – 112, Code of Virginia, and may be a violation of Section 32.1 – 321.4, Code of Virginia.
Estimate Recover/Newly Acquired or Undisclosed Resources	An individual who has been found to have undisclosed or newly acquired resources may be violating Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Incarcerated	Inmates of public institutions are not eligible for Medicaid. (Incarcerated individuals are prison inmates, jail inmates, inmates out on bail, individuals on work release from prison or jail, individuals released from prison or jail on medical emergency, and individuals who resided in a jail or prison immediately prior to admission to a medical facility.) Incarcerated individuals who receive Medicaid benefits may be in violation of Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Does not Meet Category Requirement	An individual who has procured Medicaid benefits under a classification or covered group whose requirements he or she does not meet may be in violation of Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia. Likewise, an individual who procures Medicaid benefits in behalf of another person who fails to meet classification or covered group requirements may be in violation of Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124,
Selling Prescription Drugs	An individual who uses Medicaid Program benefits to procure and sell prescription drugs is violating Section 18.2 – 258.1, Code of Virginia.

(Table continues on next page.)

Drop-down Item	Definition or Explanation
Recipient Never Eligible	An individual who, at the time of an application for Medicaid that resulted in payment of benefits, failed to meet non-financial eligibility requirements and/or classification and covered group requirements may be in violation of Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia. Likewise, an individual who procured Medicaid benefits in behalf of another person who, at the time of the application that resulted in payment of benefits, failed to meet non-financial eligibility requirements and/or classification and covered group requirements may be in violation of Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.
Child not in School	An individual who procured Medicaid benefits for a Families and Children Categorically Needy Dependent Child may be in violation of Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia, if the child is not enrolled in school.
Unreported Income	An individual who fails to report a source of income that exists at the time an application for Medicaid benefits is made or comes to exist during a period in which Medicaid benefits are received may be in violation of Sections 32.1 – 321.3, 32.1 – 321.4, 63.1 – 107.1, 63.1 – 112, and 63.1 – 124, Code of Virginia.

Table G-2. Allegation Drop-down Items

Class

This categorizes a Case in terms of the legal or other action that will be taken to prosecute the individual and/or seek monetary restitution.

Drop-down Item	Definition or Explanation
Criminal	Criminal cases involve the intent to defraud, deceive, or otherwise misrepresent facts, circumstances, or material information in the interest of obtaining Medicaid benefits. The ability to prove intent is critical to the successful prosecution of a criminal case. Individuals who are found guilty of a criminal act(s) become ineligible for Medicaid benefits for a 12-month period.
Civil	Allegations of criminal acts of fraud, deception, etc. that cannot be proven become civil cases. Criminal cases that the Commonwealth's Attorney declines to prosecute also become civil cases. Civil cases either involve criminal intent that cannot be proven, or they do not involve criminal intent in the context of the Medicaid benefits that were received.
Administrative	Administrative cases are those in which the RAU sends a letter to a Recipient appealing to him or her to make monetary restitution for a specified amount. These cases are defined by an absence of legal actions and court proceedings.

Table G-3. Class Drop-down Items

IEVS (Income and Eligibility Verification System) Code

IEVS checks Recipient SSNs against the following sources to discover unreported income and/or assets.

Drop-down Item	Definition or Explanation
FED	IRS 1099 file of unearned income
VEC-E	Virginia Employment Commission files of reported wages
VEC-U	Virginia Employment Commission files of unemployment income
DMV	Division of Motor Vehicles records files of individuals owning two or more vehicles
SSI	Social Security Administration's file of supplemental security income of persons no longer receiving SSI
SSA	Social Security Administration's file of social security payments
INS	Immigration and Naturalization Services' file of immigrant information
MULTI	Refers to multiple items in the above list

Table G-4. IEVS Code Drop-down Items

Priority

This is Recipient Audit Unit's assessment of the relative importance of a Case as determined by such things as Recipient behavior (e.g., card sharing) or loss amount (e.g. loss greater than \$30,000).

Drop-down Item	Definition or Explanation
From Administration	Cases that come to RAU from the governor's office, the directors at the Department of Social Services, or some other administrative agency of the State are top priority cases because of their origins in the Administration.
Liquid Resources Available	Cases that are known to have available liquid resources are the second-highest priority because funds for repayment of claims may be attainable.
Special Project	Special projects are the third-highest priority because they involve intent to prosecute on the part of the local Department of Social Services. By making these Cases a high priority, the RAU can forward them to the local DSS in an expeditious manner.
Card Sharing	Cases that involve card sharing are the fourth-highest priority because they involve the potential for a conviction. Convictions result in 12-month periods where Recipients are not eligible to receive benefits.
Deceased Recipient	Deceased Recipient Cases may involve assets that could be used to repay claims paid.
Backlog Based on Date of Receipt	Cases that were overdue for investigation and processing have higher priority than similar Cases that are not overdue.
Loss Greater than \$10,000	The dollar amount gives relative importance to the Case. Other factors influence the importance of the single fact of the amount of the loss.
Loss greater than \$30,000	The dollar amount gives relative importance to the Case. Other factors influence the importance of the single fact of the amount of the loss.
All Others	These are Cases that do not fall into any other priority categories.

Table G-5. Priority Drop-down Items

Source

This is the source of the Case referral.

Drop-down Item	Definition or Explanation
Local Department of Social Services	The local Department of Social Services provided RAU with the referral.
SURS II	Surveillance and Utilization Review System II
RMU	Recipient Monitoring Unit
Helpline	Recipient or Provider Helpline
Provider Review Unit	This unit is internal to DMAS; it conducts reviews of providers' records.
Physicians List	A doctor on the list of Medicaid physicians called in to report suspicious activity.
Pharmacist	A pharmacist at a hospital, drug store, grocery store, or other establishment made the referral after encountering potentially suspicious use of a Medicaid card or prescription.
Hospital	A hospital made the referral after encountering potentially suspicious use of a Medicaid card.
Other Provider	A health care provider made the referral after encountering potentially suspicious use of a Medicaid card, prescription, or other.
Loss Greater than \$3,000	A claims history report is the source for this. Someone made the referral after reviewing the claims history and seeing claims exceeding \$3,000.
Local/State Police	Local or state police made the referral after encountering suspicious activity involving potential misuse of Medicaid benefits.
Others	A source not listed here made the referral after witnessing suspicious activity involving Medicaid benefits.
OIG HHS	Office of the Inspector General at the Department of Health and Human Services.
Utilization Review	Someone conducting a Provider or Recipient utilization review saw suspicious activity and made the referral.
TPL	Third Party Liability Unit internal to DMAS
Dental Unit	Dental Unit internal to DMAS.
Informant	An anonymous or named informant notified RAU about a potential case of fraud and abuse.
IEVS FED	Investigation by the Income and Eligibility Verification System found evidence of undisclosed Recipient income (earned) in the 1099 file of the Internal Revenue Service.
IEVS DMV	Investigation by the Income and Eligibility Verification System revealed that the Recipient owns two or more vehicles.
IEVS VES Income	The Income and Eligibility Verification System found unreported income for the individual in the files of the State Verification and Exchange System and made the referral. The State Verification and Exchange System (SVES) is an automated IBM data exchange system with the Social Security Administration (SSA).
IEVS VEC	The Income and Eligibility Verification System found unreported income for the individual in the files of the Virginia Employment Commission and made the referral.
IEVS SSA Title II	The Income and Eligibility Verification System found unreported income for the individual in the files of the Social Security Administration and made the referral.
IEVS SSA SSI	The Income and Eligibility Verification System found unreported income for the individual in the Social Security files Income of the Social Security Administration and made the referral.

(Table continues on next page.)

Drop-down Item	Definition or Explanation
QC	The Quality Control Unit internal to DMAS made the referral after encountering suspicious facts, claims, or circumstances.
Executor of Estate	The executor of a Recipient's estate notified RAU about a potential case of fraud and abuse.
Division of Client Appeals	The Division of Client Appeals referred a Case that had been appealed and lost.
Other State – Department of Social Services	The Department of Social Services in another state contacted RAU in reference to a potential case of fraud and abuse.
MH/MR	A mental health or mental retardation facility observed suspicious behavior and made the referral.

Table G-6. Source Drop-down Items

Status

This refers to the phase of the investigation process that a Case is currently in. You will need to change the value of this field periodically to indicate that a Case has progressed.

Drop-down Item	Definition or Explanation
Assist	Another agency (police, OIG, FBI, etc.) has opened a case involving a Medicaid or SLH Recipient and has requested that DMAS provide some type of assistance.
Closed	Cases are closed when the Recipient has made full restitution or if it is determined in the course of the investigation that neither fraud nor overpayment beyond \$300 exists. The RAU supervisor may close a Case without presentation to an attorney if the RAU lacks sufficient resources to pursue the investigation or if prosecution is declined.
Investigation	A fraud investigator is exploring facts and circumstances associated with the case to determine whether overpayment beyond \$300 and/or fraud exists.
Lead	Information provided by an anonymous tip or other non-agency source is a lead until an investigation that turns up sufficient evidence makes it a Case.
Referral	Information provided by a local social services agency that may constitute a case but that has not yet been investigated by the RAU

Table G-7. Status Drop-down Items

Statute Code Violations

These are the sections of Medicaid laws that a Recipient may have violated with his or her activity.

Drop-down Item	Definition or Explanation
32.1 – 321.2	See Appendix I for statute text.
32.1 – 321.3	See Appendix I for statute text.
32.1 – 321.4	See Appendix I for statute text.
32.1 – 338	See Appendix I for statute text.
32.1 – 339	See Appendix I for statute text.
63.1 – 107.1	See Appendix I for statute text.
63.1 – 112	See Appendix I for statute text.
63.1 – 124	See Appendix I for statute text.
18.2 – 258.1	See Appendix I for statute text.
20 – 88.02	See Appendix I for statute text.
55 – 19	See Appendix I for statute text.
32.1 – 326.1	See Appendix I for statute text.

Table G-8. Statute Code Violations

Type

This refers to the type of fraud and abuse case as indicated by the referring authority.

Drop-down Item	Definition or Explanation
Non-eligibility-related Criminal Cases (i.e., Card Sharing)	These cases involve criminal activity that is not related to an individual's representation of the facts and circumstances that determine his or her eligibility for Medicaid benefits. These cases involve acts described in Section 18.2 – 258.1, Code of Virginia.
Auxiliary Grant	These cases involve state-funded adult homes in which Medicaid Recipients live.
Appeals Recovery	These cases involve the recovery of up to three months of benefits that were paid during an appeal process that resulted in a lost appeal.
Assist Case	These cases involve the participation of another agency such as the local police or FBI.
Civil Fraud	These cases involve acts of fraud that can be tried in a civil court.
Estate Recovery	These cases involve the pursuit of assets associated with a Recipient's estate.
IEVS (Income and Eligibility Verification System)	These cases involve an allegation discovered as a result of the Income and Eligibility Verification System.

Table G-9. Type Drop-down Items

Case Resolutions Screen Drop-down Fields

The following explains drop-down fields and default drop-down field items on the Case Resolutions screen.

Board Type

This refers to the type of appeal board that will be hearing the Recipient's appeal. The basis of the appeal (e.g., eligibility or level of care) determines the type of appeal board that will hear the appeal.

Drop-down Item	Definition or Explanation
Eligibility	Recipient appeals a case in which it was established that he or she was not eligible for benefits received.
Level of Care	Recipient appeals a case in which it was determined that he or she received more medical care than what should have been allowed.

Table G-10. Board Type Drop-down Items

Office Assigned

This is the DMAS regional office to which the Case has been assigned.

Drop-down Item	Definition or Explanation
Eastern	Appendix F, "Federal Information Processing Standards (FIPS) Numbers" lists the territories that comprise the Eastern DMAS region.
Central	Appendix F, "Federal Information Processing Standards (FIPS) Numbers" lists the territories that comprise the Central DMAS region.
Southwest	Appendix F, "Federal Information Processing Standards (FIPS) Numbers" lists the territories that comprise the Southwest DMAS region.

Table G-11. Office Assigned Drop-down Items

Court Action Screen Drop-down Fields

The following explains drop-down fields and default drop-down field items on the Court Action screen.

Court Action Results

These are the possible outcomes of court action.

Drop-down Item	Definition or Explanation
Acquitted	Court found Recipient not guilty of the charges.
No True Bill	Court found insufficient evidence supporting the charges against the Recipient.
Convicted	Court found Recipient guilty of the charges.
Dismissed	Court dismissed the Case; Recipient was neither convicted nor acquitted.
Referred to Grand Jury	Court referred the case to a Grand Jury to let them decide whether there is sufficient evidence to prosecute.
Indicted	Court formally charged the Recipient on the basis of the allegations against him or her.
Judgment Ordered	Court ordered a judgment against the Recipient.
Nolle Prose	Court decided not to prosecute the Case. Literally, “No Prosecution”.

Table G-12. Court Action Results Drop-down Items

Grand Jury Results

These are the outcomes that can be determined by a Grand Jury.

Drop-down Item	Definition or Explanation
Acquitted	Grand Jury found Recipient not guilty of the charges.
No True Bill	Grand Jury found insufficient evidence supporting the charges against the Recipient.
Convicted	Grand Jury found Recipient guilty of the charges.
Dismissed	Grand Jury dismissed the Case; Recipient was neither convicted nor acquitted.
Referred to Grand Jury	
Indicted	Grand Jury formally charged the Recipient on the basis of the allegations against him or her.
Judgment Ordered	Grand Jury ordered a judgment against the Recipient.
Nolle Prose	Grand Jury decided not to prosecute the Case. Literally, “No Prosecution”.

Table G-13. Grand Jury Results Drop-down Items

Referred to AG Results

These are the outcomes that can be handed down by the Attorney General’s (AG) Office.

Drop-down Item	Definition or Explanation
Declined	Attorney General’s Office declined to prosecute the Case.
Judgment Obtained	Attorney General’s Office obtained a judgment against the Recipient.
Partial Payment – Balance Uncollectable	Attorney General’s Office obtained partial payment and deemed the remaining balance uncollectable.
Recovery in Full	Attorney General’s Office obtained full recovery of funds owed.
Settlement	Attorney General’s Office reached a compromise or settlement with the Recipient.
Claim Uncollectable	Attorney General’s Office determined that the claim cannot be collected from the Recipient.

Table G-14. Referred to AG Results Drop-down Items

Final Actions Screen Drop-down Fields

The following explains drop-down fields and default drop-down field items on the Final Actions screen.

Case Closing Authority Code

These are the reasons why a Case may be closed.

Drop-down Item	Definition or Explanation
Acquitted	A Case can be closed when a Recipient is tried in a court of law and found not guilty of the charges against him or her.
Bankrupt - Court Discharged Debt	A Case can be closed if the court discharges the debt because the Recipient declared bankruptcy.
Convicted	A Case can be closed when a conviction is achieved.
Deceased	A Case can be closed when a Recipient dies.
Exempt Property	A Case can be closed when it involves the pursuit of a property asset that is inaccessible.
Closed by Fiscal	A Case can be closed by the RAU when the Fiscal Department has closed it out in their records.
Statute of Limitations	A Case can be closed when the charges in question are subject to a statute of limitations that has expired.
No Fraud/No Loss	A Case can be closed if it is determined that the Recipient did not commit any act(s) of fraud or if it is determined that losses do not exceed the \$300 minimum.
Other	A Case can be closed for reasons other than those listed here.
Nolle Prose	A Case can be closed if a court of law decided not to prosecute the Case.

Table G-15. Case Closing Authority Code Drop-down Items

Debt Writeoff Authority Code

These are the reasons why a debt may be written off.

Drop-down Item	Definition or Explanation
Over Five Years Old	A debt can be written off when it is over five years old.
Authorized by OAG or Governor	A debt can be written off when the Attorney General's Office or the governor authorizes it.
Deceased	A debt can be written off when a Recipient has died.
Exempt Property	A debt can be written off when it involves the pursuit of a property asset that is inaccessible.
Written off by Fiscal	A debt can be written off by RAU when it has been written off by the Fiscal Department.
Minimal Amount (below \$300)	A debt can be written off if it does not meet the minimum amount required for pursuit of restitution.
Poverty Status of Recipient	A debt can be written off if the poverty status of the Recipient rules out the possibility of repayment of funds owed.
Spendthrift Trust	A debt can be written off when it involves the pursuit of a spendthrift trust.
Uncollectable	A debt can be written off when it has been deemed uncollectable.

Table G-16. Debt Writeoff Authority Code Drop-down Items

Appendix H: Reports

This appendix lists and explains the reports and letters included in the FAIR System's Reports menu.

Recipient Letter (Conviction)

Fraud investigators send this letter to Recipients who have been convicted of Medicaid fraud to indicate that they will not have Medicaid benefits for 12 months from the month of conviction. The letter also informs Recipients that they must reapply for Medicaid benefits at the end of the 12 months and be accepted before additional claims can be paid.

DSS Letter

Fraud investigators send this letter to the Department of Social Services to indicate that a Recipient has been convicted of Medicaid fraud and that the Recipient’s benefits must be canceled for 12 months from the month of conviction. The letter also cautions the DSS against forwarding the Recipient to an agency in another locality without clearly indicating the fraud conviction and the resulting 12-month period of ineligibility.

Low Letter

The Low Letter indicates that claims associated with a Recipient are too small (under \$300) for the RAU to pursue any associated allegation(s) of wrongdoing. Fraud investigators send this letter to the source that provided the referral information.

No Letter

The No Letter indicates that there are no claims associated with a Recipient against whom wrongdoing has been alleged. Fraud investigators send this letter to the source that provided the referral information to indicate that a case will not be originated against the individual in question.

Open Cases

This report allows you to print a summary of all Cases with “open” status. You can view all open Cases, or you can indicate that you want to view all Cases that were open during a specific time period.

Column headings on this report include the following:

Case No.	Case Open Date
Case Type	Case Closed Date
Recipient Name	Investigation Open Date
Medicaid No.	Investigation Closed Date
SSN	Amount of Loss
Allegation Received Date	RFU6 Mailed Date

Closed Cases

This report allows you to print a summary of all Cases with “closed” status. You can view all closed Cases, or you can indicate that you want to view all Cases that were closed during a specific time period.

Column headings on this report include the following:

Case No.	Case Open Date
Case Type	Case Closed Date
Recipient Name	Investigation Open Date
Medicaid No.	Investigation Closed Date
SSN	Amount of Loss
Allegation Received Date	RFU6 Mailed Date

RFU6 Loss Summary

This report allows you to print a summary of total loss amounts for individual Cases. You can elect to view loss amounts during a specified time period, or you can view loss amounts for all Cases that have been reported. The mailing date of the RFU6 letter serves as the formal date of loss associated with moneys lost in a given case.

Column headings on this report include the following:

Case No.	Case Open Date
Case Type	Case Closed Date
Recipient Name	Investigation Open Date
Medicaid No.	Investigation Closed Date
SSN	Amount of Loss
Allegation Received Date	RFU6 Mailed Date

Money Payment Case Activity

This report allows you to print a summary of Money Payment (MP) Cases. MP Cases are criminal Cases involving an allegation of a criminal act that affects the eligibility of a person receiving moneys under a Temporary Assistance for Needy Families grant. (Local social services agencies have the primary responsibility for MP Cases.) You can elect to view MP Case summaries during a specified time period, or you can view all MP Cases that have been reported.

Column headings on this report include the following:

SSN	Allegation Received Date
Case No.	Case Open Date
Recipient Name	Case Closed Date
Medicaid No.	Investigation Open Date
Investigator Code	Investigation Closed Date
Case Status	

Open Investigations

This report allows you to print a summary of all investigations with “open” status. You can view all open investigations, or you can indicate that you want to view all investigations that were open during a specific time period.

Column headings on this report include the following:

Case No.	Allegation Received Date
Case Type	Case Open Date
Recipient Name	Investigation Open Date
Medicaid No.	Investigation Closed Date
SSN	

Closed Investigations

This report allows you to print a summary of all investigations with “closed” status. You can view all closed investigations, or you can indicate that you want to view all investigations that were closed during a specific time period.

Column headings on this report include the following:

Case No.	Allegation Received Date
Case Type	Case Open Date
Recipient Name	Investigation Open Date
Medicaid No.	Investigation Closed Date
SSN	

Case Pending Report

This report tracks Cases that have had their investigations closed (on the Case Resolutions screen) but are still open because of pending litigation. (An empty “Closed Date” field on the Case Detail Information screen indicates that a Case is still open.)

Column headings on this report include the following:

Case No.	Allegation Received Date
Social Security Number	Case Open Date
Recipient Name	Investigation Open Date
Investigator	Investigation Closed Date
Assigned Office	

. NOTE: You do not need to indicate report period dates, investigators, or FIPS Codes for this report; it is all-inclusive.

Case Pending Report

This report lists Cases that are still open and pending litigation. The Investigations for these “pending” Cases are closed.

Column headings on this report include the following:

Case No.	Assigned Office
Social Security Number	Allegation Received Date
Recipient Name	Case Open Date
Investigator	Investigation Open Date
	Investigation Closed Date

Case Variance Report

This report lists those Referrals and Cases for which an allegation has been received but for which neither an “opened” nor a “closed” date has been assigned, and it indicates in the “Variance” column the number of days that the missing opened or closed date is past due. As an example, if a Referral allegation received on 01/04/2000 was neither closed out nor opened within a required period of 15 days, then on 02/01/2000 this report would show “27 Days” in the “Variance” column for that Referral. (In other words, the “Variance” column shows the number of days that a change in status (to opened or closed) is past due.)

In short, this report allows managers to track analysts’ compliance with regulations about how many days are legally permitted to pass between when an allegation is received and when it is opened or closed out as unsupported.

FIPS Codes

This report allows you to print a summary of Cases that have been assigned a specific FIPS Code. You can specify a reporting period and/or a specific FIPS Code for the report.

Column headings on this report include the following:

Case No.	SSN
Case Type	Case Open Date
Recipient Name	Amount of Loss
Medicaid No.	

Open Cases By FIPS / Case Number

This report displays open Cases in terms of three pieces of criteria: analyst name, FIPS Code, and the date the Case was opened. Before generating the report, you must specify the analyst (one or all) whose open Cases you want to see. You must also specify the FIPS Code (one or all) for which you want to see open Cases, and you must specify the date period (a specific range or all dates) for which you want to see open Cases.

Column headings on this report include the following:

Assigned Investigator	Medicaid No.
FIPS Code	Social Security No.
Case No.	Case Open Date
Case Type	Amount of Loss
Recipient Name	Assigned Office

Priority Code

This report allows you to print a summary of Cases that have been assigned a specific Priority code. You can specify a reporting period and/or a specific Priority code for the report.

Column headings on this report include the following:

Case No.	SSN
Case Type	Case Open Date
Recipient Name	Amount of Loss
Medicaid No.	

RAU Activity Report

The RAU Activity Report summarizes RAU Unit activity in terms of current open Medicaid Only (MO) Cases; Money Payment (MP) Cases; overpayment amounts for each region and the total overpayment for all Cases; investigator activity on new, closed, and existing Cases; and open and closed investigations for each office.

Appeals Recovery Letter

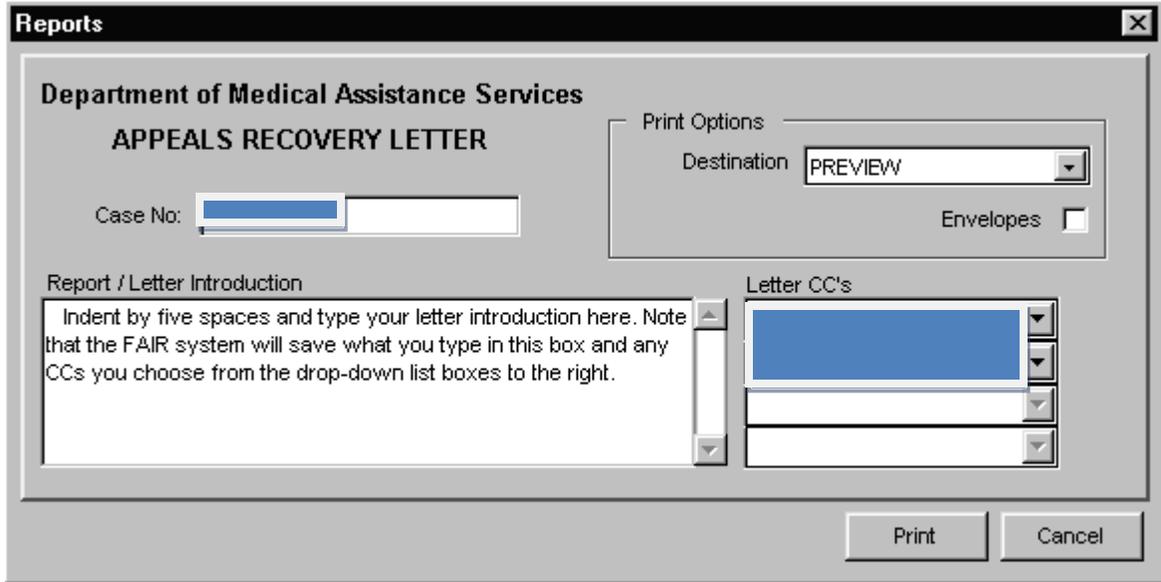
The Appeals Recovery Letter notifies a Recipient that he or she is liable for the amount of medical service expenditures that Medicaid covered during the Recipient's appeal process. (Recipients are liable for such expenditures only when they lose the appeal.)

. NOTE: The Reports dialog box for this letter provides a field for you to type an introduction (see Figure H-1). If you do not type an introduction, the letter will not display on screen and will not print. Read all Appeals Recovery Letters on-screen before printing to verify that the content is

what you want. Also, be sure to indent your introduction by five spaces so that it matches the other paragraphs in the body of the letter.

Figure H-1. Reports dialog box with Report/Letter Introduction field.

Case Activities Report



This report summarizes information on the Case Activities form for a specific Case. The Case Activities form is accessible through a button in the Case Investigation Information section of the Case Resolutions screen.

Case Closure Recommendation Report

This report shows anything that appears in the *Final Comments* field on the Final Actions screen and precedes it with the following statement:

I recommend this case be closed as of this date for the following reasons:

Claim History Request Report

Fraud investigators use this report to request claims histories for periods of ineligibility associated with specific Recipients. Information in Recipients' Claim Requests boxes (on Case Details screen) feeds into this report on the basis of the Reporting Period dates you specify for the report on the Report dialog box.

For example, to “capture” a specific claim history request in the report, specify Reporting Period dates (see Figure H-3) that include the date on which the desired claim history was requested (see Figure H-2).

Medicaid No	First Name	Last Name	Review From Date	Review To Date	Request Date
:	:	:	11/18/1999	11/18/1999	11/18/1999
:	:	:	11/19/1999	11/19/1999	11/18/1999
:	:	:	11/01/1998	11/23/1999	11/24/1999
:	:	:	01/01/1998	07/01/1998	12/02/1999

Figure H-2. Claim History Request Date.

NOTE: The Medicaid No. values and names have been removed for HIPAA compliance.

To print a Claim History Request Report that includes the claim history request for Bob Hill (shown above), specify the reporting period to include 12/02/1999 (see Figure H-3 below), the date on which the request for Bob Hill's claim history was made.

Note that the claim history dates for Bob Hill are in 1998. As long as the reporting period covers the date on which Bob Hill's claim history was requested, the Bob Hill claim history request will appear in the Claim History Request Report.

The Reporting Period specified here covers the date on which the request for Bob Hill's history was made (12/02/1999), so this Claim History Request Report will include the request for Bob Hill's 1998 claim history.

Figure H-3. Claim History Request Report Reporting Period Dates.

Change of Classification Report

The Change of Classification Report allows you to indicate why you think the classification of a certain Case should be changed. You must type your reason(s) in the *Report/Letter Introduction* field on the Reports dialog box or they will not show up in the report.

The following statement will automatically precede your reason(s):

I recommend the classification of this case be changed as of this date for the following reason(s):

Custodian Certificate

The Custodian Certificate references Sections 8.01-390 and 8.01-391 of the Code of Virginia. It certifies that the writings annexed to “this Certificate are true and accurate copies of the Department of Medical Assistance Services’ records of the (Recipient Name) case unit for the dates of ineligibility listed...”. The Custodian Certificate indicates the periods of ineligibility and includes a signature line for the Recipient Audit Unit supervisor to sign.

A letter is automatically generated along with the Custodian Certificate. The letter indicates the amount of money that was spent on the Recipient during his or her period(s) of ineligibility and addresses the issue of restitution and what should be done with any funds received from the Recipient.

To print the letter, you must first print the Custodian Certificate and then click the Close button (in the Print Previewer). Then you can click the Print button (in the Previewer) a second time to print the letter.

Note that if the Recipient does not have any dates in the “Medicaid Periods of Ineligibility” fields (in the lower-right corner of the Recipient Information screen), then the letter will not print.

Entities & Individuals

This report pulls information from the Case Entities button on the Case Resolutions screen, either for the Case that is on the screen when the report is generated or for the Case that is specified on the pop-up box

for this report. “Entities & Individuals” are those persons who are (or are suspected of being) involved in the acts of fraud committed by the Medicaid Recipient with whom they are associated.

. *NOTE: This report does not display the following pieces of information from the Case Entities form:*

- 3 Statute Violations*
- 3 Entity Alias Info*
- 3 Related Case NOs*
- 3 Cross References*

To see the information in these fields for any Case, generate the Investigative Report.

Evidence List

The Evidence List report shows any evidence information that has been recorded in the Evidence List box on the Case Resolutions screen.

File Enclosure

This report summarizes Case information for auditing purposes. Fraud investigators should print this report and place it in the Recipient’s physical Case file.

Financial Loss Summary

The Financial Loss Summary Report summarizes information on the Claims Summary form for a specific Case. The Claims Summary form (for adding claim summary information) is accessible through the Claims Summary button on the Case Resolutions screen.

Interview Report

This report lists the names, business addresses, and business phone numbers of people who have been interviewed in connection with a Case. The Case Interviews form (for adding Case interview information) is accessible through the Case Interviews button on the Case Resolutions screen.

Investigative Report

This report is similar to the Entities & Individuals report in that it pulls information from the Case Entities button on the Case Resolutions screen. The major difference is that this report displays the following information: Statute Code numbers and Statute Code text in accordance with the statute codes that were chosen on the Case Entities form, Alias Info, Related Case Nos, and Cross Reference information – also from the Case Entities form.

This report also includes space for an introduction by the RAU analyst and a header that identifies both the Recipient and the name(s) on the Case Entities form.

Paid Claims Tally

This report lists paid claims by service category. It also lists total amounts for all claims paid in each category and any applicable interest charges. The Paid Claims Tally form (for adding paid claims tally information) is accessible through the Paid Claims Tally button on the Case Resolutions screen.

Patient Underpayment

This letter indicates that patient pay for a Recipient was incorrect and resulted in a situation of underpayment to DMAS. The letter indicates the amount of the underpayment and the period for which the underpayment is an issue. The letter cites Code of Virginia Section 32.1-321.2 as authorizing recovery of the funds and indicates that payment should be made to the Division of Financial Operations.

Presentation Letter

The Presentation Letter is a response letter that answers another Agency's inquiry about Medicaid funds expended during a specific time period for a particular Case. When you generate the letter, you must indicate the date that the Agency made the inquiry (see Figure H-4 below).

The letter explains to the receiving Agency that any restitution should be forwarded to the Department of Medical Assistance Services.

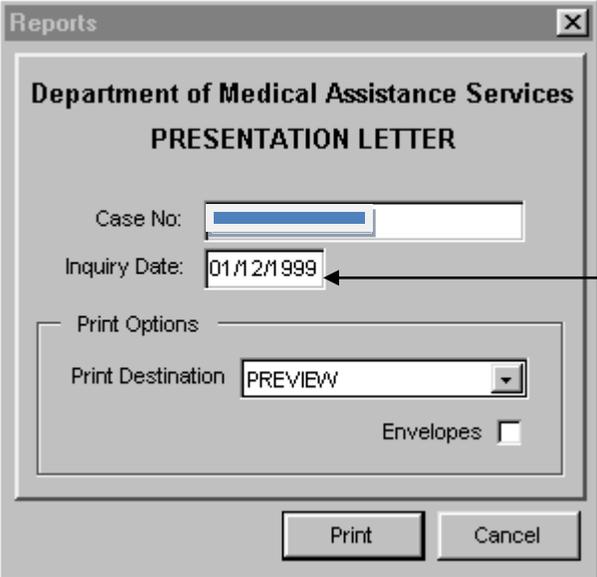


Figure H-4. Presentation Letter Reports Dialog Box.

QC Case Letter

The QC Case Letter notifies a Recipient that he or she is liable for Medicaid's overpayment of funds made in his or her behalf. The letter indicates that the Recipient may request an informal fact-finding conference to explain/defend his or her position.

. NOTE: The Reports dialog box for this letter provides a field for you to type an introduction. If you do not type an introduction, the letter will not display on screen and will not print. Read all QC Case Letters on-screen before printing to verify that the content is what you want. Also, be sure to indent your introduction by five spaces so that it matches the other paragraphs in the body of the letter.

RFU6 Letter

This letter indicates to a Recipient that there has been an overpayment of funds in his or her behalf. The RFU6 asks the Recipient to repay the overpaid amount to the Department of Medical Assistance Services. Fraud investigators send this letter in overpayment cases that are classified as administrative.

. NOTE: The Reports dialog box for this letter provides a field for you to type an introduction. If you do not type an introduction, the letter will not display on screen and will not print. Read all RFU6 Letters on-screen before printing to verify that the content is what you want. Also, be sure to indent your introduction by five spaces so that it matches the other paragraphs in the body of the letter.

Tally Memo

Fraud investigators send this intra-agency memo to the Division of Financial Operations to request that an accounts receivable ledger be set up for a Recipient who will be making monetary restitution for claims wrongfully received. The investigator attaches claims tally sheets and a copy of the overpayment letter before forwarding the memo to Financial Operations.

. NOTE: The Reports dialog box for this report provides a field for you to type an introduction. If you do not type an introduction, the letter will not display on screen and will not print. Read all Tally Memos on-screen before printing to verify that the content is what you want. Also, be sure to indent your introduction by five spaces so that it matches the other paragraphs in the body of the letter.

Witness List

The Witness List Report summarizes information on the Witness List form for a specific Case. The Witness List form is accessible through the Witness List button on the Case Resolutions screen.

Appendix I: Statute Code Violations

This appendix includes text for the following statute codes:

- § 32.1 – 321.3 Fraudulently obtaining benefits; liability for fraudulently issued benefits; civil action to recover; penalty
- § 32.1 – 321.4 False statement or representation in applications for eligibility or for use in determining rights to benefits; concealment of facts; criminal penalty
- § 18.2 – 258.1 Obtaining drugs, procuring administration of controlled substances, etc., by fraud, deceit or forgery
- § 20 – 88.02 Transfer of assets to qualify for assistance; liability of transferees
- § 55 – 19 Estates in trust subject to debts of beneficiaries; exception for certain trusts
- § 63.1 – 107.1 False application or false swearing; penalty
- § 63.1 – 112 Notification of change in circumstances
- § 63.1 – 124 False statements, representations, impersonations, and fraudulent devices
- § 32.1 – 338 Distribution of fund moneys
- § 32.1 – 339 Frequency of calculations, contributions and distributions
- § 32.1 – 326.1 Department to operate program of estate recovery

§ 32.1 – 321.3 Fraudulently obtaining benefits; liability for fraudulently issued benefits; civil action to recover; penalty

Any person who, on behalf of himself or another, issues, obtains or attempts to obtain medical assistance benefits by means of (i) willful false statement, (ii) willful misrepresentation or concealment of a material fact, or (iii) any other fraudulent scheme or device shall be liable for repayment of the cost of all benefits issued as a result of such fraud, plus interest on the amount of the benefits issued at the rate of one and one-half percent per month for the period from the date upon which payment was made for such benefits to the date on which repayment is made to the Commonwealth.

Such matters may be referred for criminal action to the attorney for the Commonwealth having jurisdiction over the case. The Attorney General may, independent of any referral to or decision of the attorney for the Commonwealth, petition the circuit court in the jurisdiction of the alleged offense to seek an order assessing civil penalties in the amount of the benefits issued, in addition to repayment and interest and any other penalties provided by law.

All civil penalties shall be deposited in the general fund of the state treasury upon receipt.

§ 32.1 – 321.4 False statement or representation in applications for eligibility or for use in determining rights to benefits; concealment of facts; criminal penalty

- A. Any person who engages in the following activities, on behalf of himself or another, shall be guilty of larceny and, in addition to the penalties provided in §§18.2-95 and 18.2-96 as applicable, may be fined an amount not to exceed \$10,000:
 - 1. Knowingly and willfully making or causing to be made any false statement or misrepresentation of a material fact in an application for eligibility, benefits or payments under medical assistance;
 - 2. Knowingly and willfully falsifying, concealing or covering up by any trick, scheme, or device a material fact in connection with an application for eligibility, benefits or payments;
 - 3. Knowingly and willfully concealing or failing to disclose any event affecting the initial or continued right of any individual to any benefits or payment with an intent to secure fraudulently such benefits or payment in a greater amount or quantity than is authorized or when no such benefit or payment is authorized;
 - 4. Knowingly and willfully converting any benefits or payment received pursuant to an application for another person and receipt of benefits or payment on behalf of such other person to use other than for the health and welfare of the other person; or
 - 5. Knowingly and willfully failing to notify the local department of welfare or social services, through whom medical assistance benefits were obtained, of changes in the circumstances of any recipient or applicant which could result in the reduction or termination of medical assistance services.

- B. It shall be the duty of the Director of Medical Assistance Services or his designee to enforce the provisions of this section. A warrant or summons may be issued for violations of which the Director or his designee has knowledge. Trial for violation of this section shall be held in the county or city in which the application for medical assistance was made or obtained.

§ 18.2 – 258.1 Obtaining drugs, procuring administration of controlled substances, etc., by fraud, deceit or forgery

- A. It shall be unlawful for any person to obtain or attempt to obtain any drug or procure or attempt to procure the administration of any controlled substance or marijuana: (i) by fraud, deceit, misrepresentation, embezzlement, or subterfuge; or (ii) by the forgery or alteration of a prescription or of any written order; or (iii) by the concealment of a material fact; or (iv) by the use of a false name or the giving of a false address.
- B. It shall be unlawful for any person to furnish false or fraudulent information in or omit any information from, or willfully make a false statement in, any prescription, order, report, record, or other document required by Chapter 34 (§54.1-3400 et seq.) of Title 54.1.
- C. It shall be unlawful for any person to use in the course of the manufacture or distribution of a controlled substance or marijuana a license number which is fictitious, revoked, suspended, or issued to another person.
- D. It shall be unlawful for any person, for the purpose of obtaining any controlled substance or marijuana, to falsely assume the title of, or represent himself to be, a manufacturer, wholesaler, pharmacist, physician, dentist, veterinarian or other authorized person.
- E. It shall be unlawful for any person to make or utter any false or forged prescription or false or forged written order.
- F. It shall be unlawful for any person to affix any false or forged label to a package or receptacle containing any controlled substance.
- G. This section shall not apply to officers and employees of the United States, of this Commonwealth or of a political subdivision of this Commonwealth acting in the course of their employment, who obtain such drugs for investigative, research or analytical purposes, or to the agents or duly authorized representatives of any pharmaceutical manufacturer who obtain such drugs for investigative, research or analytical purposes and who are acting in the course of their employment; provided that such manufacturer is licensed under the provisions of the Federal Food, Drug and Cosmetic Act; and provided further, that such pharmaceutical manufacturer, its agents and duly authorized representatives file with the Board such information as the Board may deem appropriate.
- H. Except as otherwise provided in this subsection, any person who shall violate any provision herein shall be guilty of a Class 6 felony.

Whenever any person who has not previously been convicted of any offense under this article or under any statute of the United States or of any state relating to narcotic drugs, marijuana, or stimulant, depressant, or hallucinogenic drugs, or has not previously had a proceeding against him for violation of such an offense dismissed, or reduced as provided in this section, pleads guilty to or enters a plea of not guilty to the court for violating this section, upon such plea if the facts found by the court would justify a finding of guilt, the court may place him on probation upon terms and conditions.

As a term or condition, the court shall require the accused to be evaluated and enter a treatment and/or education program, if available, such as, in the opinion of the court, may be best suited to the needs of the accused. This program may be located in the judicial circuit in which the charge is brought or in any other judicial circuit as the court may provide. The services shall be provided by a program certified or licensed by the Department of Mental Health, Mental Retardation and Substance Abuse Services. The court shall require the person entering such program under the provisions of this section to pay all or part of the costs of the program, including the costs of the screening, evaluation, testing and education, based upon the person's ability to pay unless the person is determined by the court to be indigent.

As a condition of supervised probation, the court shall require the accused to remain drug free during the period of probation and submit to such tests during that period as may be necessary and appropriate to determine if the accused is drug free. Such testing may be conducted by the personnel of any screening, evaluation, and education program to which the person is referred or by the supervising agency. Unless the accused was fingerprinted at the time of arrest, the court shall order the accused to report to the original arresting law-enforcement agency to submit to fingerprinting.

Upon violation of a term or condition, the court may enter an adjudication of guilt upon the felony and proceed as otherwise provided. Upon fulfillment of the terms and conditions of probation, the court shall find the defendant guilty of a Class 1 misdemeanor.

§ 20 – 88.02 Transfer of assets to qualify for assistance; liability of transferees

- A. As used in this section, "uncompensated value" means the aggregate amount by which the fair market value of all property or resources, including fractional interests, transferred by any transferor after the effective date of and subject to this section, exceeds the aggregate consideration received for such property or resources.
- B. Within thirty months prior to the date on which any person receives benefits from any program of public assistance as defined in §63.1-87, if such person has transferred any property or resources resulting in uncompensated value, the transferee of such property or resources shall be liable to repay the Commonwealth for benefits paid on behalf of the transferor up to the amount of that uncompensated value less \$25,000.
- C. In their discretion, the heads of the agencies which administer the appropriate program or programs of public assistance may petition the circuit court having jurisdiction over the property or over the transferee for an order requiring repayment. That order shall continue in effect, as the court may determine, for so long as the transferor receives public assistance or until the uncompensated value is completely repaid. With respect to all transfers subject to this section, a rebuttable presumption is created that the transferee acted with the intent and for the purpose of assisting the transferor to qualify for public assistance. If the presumption is rebutted, this section shall not apply and the petition shall be dismissed.
- D. After reasonable investigation, the agency or agencies administering the program of public assistance shall not file any petition, and no court shall order payments under subsection B of this section if it is determined that: (i) the uncompensated value of the property transferred is \$25,000 or less, (ii) that the property transferred was the home of the transferor at the time of the transfer and the transferor or any of the following individuals reside in the home: the transferor's spouse, any natural or adopted child of the transferor under the age of twenty-one years or any natural or adopted child of the transferor, regardless of age, who is blind or disabled as defined by the federal Social Security Act or the Virginia Medicaid Program, or (iii) the transferee is without financial means or that such payment would work a hardship on the transferee or his family. If the transferee does not fully cooperate with the investigating agency to determine the nature and extent of the hardship, there shall be a rebuttable presumption that no hardship exists.

§ 55 – 19 Estates in trust subject to debts of beneficiaries; exception for certain trusts

- A. Except as otherwise provided in this section, all trust estates shall be subject to the debts and charges of the persons who are beneficiaries of such trusts as if those persons owned a similar interest in the trust estate.

- B. Any trust estate not exceeding one million dollars in actual value may be held in trust upon condition that the trust corpus and income, or either of them, shall in the case of a simple trust or, in the case of a complex trust, may in the discretion of the fiduciary be paid to or applied by the trustee for the benefit of the beneficiaries without being subject to their liabilities or to alienation by them. However, no such trust shall operate to the prejudice of any existing creditor of the creator of such trust. The exception for spendthrift trusts shall not apply to an interest in a trust, contract, or other fund maintained in conjunction with an employee benefit plan, as defined in § 1002 (3) of Title 29 of the United States Code, or a similar plan or arrangement regardless of whether the beneficiary may claim the exemption provided under §34-34. In addition, as to any claim first accruing on or after the effective date of the 1990 amendments to this section, and subject to the limitation of subsection D, no such trust condition shall operate to the prejudice of the United States or this Commonwealth or any county, city or town.
- C. If the creator of a trust is also a beneficiary of the trust and the creator's interest is held upon condition that it is not subject to the creator's liabilities or to alienation by the creator, such condition is invalid against creditors and transferees of the creator, but shall not otherwise affect the validity of the trust. A transferee or creditor of the creator may, in addition to amounts required to be paid to or for the benefit of the creator, also reach the maximum amount that the trustee, in the exercise of discretion, could pay to or for the benefit of the creator under the trust instrument, which shall not exceed the amount of the creator's proportionate contribution to the trust. When a trust is funded by amounts attributable to any claim possessed by a beneficiary, whether paid pursuant to a structured settlement or otherwise, the beneficiary shall be considered a creator of the trust to the extent so funded.
- D. Notwithstanding any contrary condition in the trust instrument, if a statute or regulation of the United States or the Commonwealth makes a beneficiary liable for reimbursement to the Commonwealth or any agency or instrumentality thereof, for public assistance, including medical assistance, furnished or to be furnished to the beneficiary, the Attorney General or the head of the state agency having responsibility for the program may file a petition in chancery in an appropriate circuit court having jurisdiction over the trustee seeking reimbursement without first obtaining a judgment. The beneficiary, or his guardian, conservator or committee, if any, shall be made a party. Following its review of the circumstances of the case, the court may:
1. Order the trustee to satisfy all or part of the liability out of all or part of the amounts to which the beneficiary is entitled, whether presently or in the future, to the extent the beneficiary has the right under the trust to compel the trustee to pay income or principal or both to or for the benefit of the beneficiary. A duty in the trustee under the instrument to make disbursements in a manner or in amounts that do not cause the beneficiary to suffer a loss of eligibility for public assistance to which the beneficiary might otherwise be entitled shall not be considered a right possessed by the beneficiary to compel such payments.
 2. Whether or not the beneficiary has the right to compel the trustee to pay income or principal or both to or for the benefit of the beneficiary, order the trustee to satisfy all or part of the liability out of all or part of the future payments, if any, that the trustee chooses to make to or for the benefit of the beneficiary in the exercise of discretion granted under the trust.

No order shall be made pursuant to this subsection D if the beneficiary is an individual who has a medically determined physical or mental disability that substantially impairs his ability to provide for his care or custody and constitutes a substantial handicap.

§ 63.1 – 107.1 False application or false swearing; penalty

Any person who knowingly makes any false application for assistance or who shall knowingly swear or affirm falsely to any matter or thing required by the provisions of this title or as to any information required by the Commissioner, incidental to the administration of the provisions of this title, to be sworn to or affirmed, shall be guilty of perjury and, upon conviction therefor, shall be punished in accordance with the provisions of §18.2-434.

§ 63.1 – 112 Notification of change in circumstances

If at any time during the continuance of assistance there shall occur any change, including but not limited to, the possession of any property or the receipt of regular income by the recipient, in the circumstances upon which current eligibility or amount of assistance were determined, which would materially affect such determination, it shall be the duty of such recipient immediately to notify the local department of such change, and thereupon the local board may either cancel the assistance, or alter the amount thereof. For purposes of this section, any receipt of property or income by any person who is included within a recipient's grant or for whom money is being paid under a recipient's grant shall be reported immediately by the recipient to the local department for the purpose of determining whether the recipient's grant is affected thereby.

Any recipient who knows or reasonably should know that such change in circumstances will materially affect his eligibility for assistance or the amount thereof and willfully fails to comply with the provisions of this section, shall be guilty of a violation of §63.1-124

§ 63.1 – 124 False statements, representations, impersonations, and fraudulent devices

Whoever obtains, or attempts to obtain, or aids or abets any person in obtaining, by means of a willful false statement or representation, or by impersonation, or other fraudulent device, assistance or benefits from other programs designated under rules and regulations of the State Board of Social Services or State Board of Health or the Board of Medical Assistance Services to which he is not entitled or who fails to comply with the provisions of §63.1-112 shall be deemed guilty of larceny, and upon conviction, shall be punished as specified in Article 3 (§18.2-95 et seq.) of Chapter 5 of Title 18.2. It shall be the duty of the local director, the Commissioner of Health or the Director of the Department of Medical Assistance Services to investigate alleged violations and enforce the provisions of this section. A warrant or summons may be issued for each violation of which the local director, the Commissioner of Health or the Director of the Department of Medical Assistance Services has knowledge. The local director, the Commissioner or the Director shall ensure that the attorney for the Commonwealth is notified of any investigation or alleged violation under this section. Trial for violations of this section shall be in the county or city from whose department of public welfare or social services assistance was sought or obtained.

In any prosecution under the provisions of this section, it shall be lawful and sufficient in the same indictment or accusation to charge and therein to proceed against the accused for any number of distinct acts of such false statements, representations, impersonations or fraudulent devices which may have been committed by him within six months from the first to the last of the acts charged in the indictment or accusation.

§ 32.1 – 338 Distribution of fund moneys

- A. The fund shall compensate a hospital for such hospital's charity care percent less the charity care standard as follows:
 1. The payment to each hospital shall be determined as the standard subtracted from each hospital's charity care percent, multiplied by each hospital's gross patient revenues, multiplied by each hospital's cost-to-charge ratio and multiplied by a percentage not to exceed sixty percent.
 2. That portion of a hospital's charity care percent which is below the disproportionate share shall be paid from the total amount of the contribution.

3. That portion of a hospital's charity care percent which is above the disproportionate share shall be paid solely from general fund moneys as provided by the General Assembly in the appropriations act.
- B. Each hospital eligible to receive a fund payment may elect to return such payment or a portion thereof to the fund to be used at the discretion of the Board, upon the recommendation of the Technical Advisory Panel, for the purpose of establishing pilot health care projects for the uninsured.
- C. Money voluntarily contributed or donated to the fund by private or public sources, including local governing bodies, for the purpose of subsidizing pilot health care projects for the uninsured shall not be included in the calculations set forth in this section.

§ 32.1 – 339 Frequency of calculations, contributions and distributions

Contributions to the Fund by hospitals shall be made once annually in January of each calendar year beginning in January 1991, using financial data for the hospitals' most recent fiscal years ending on or before June 30 of the preceding calendar year. Calculations for distributions shall be made under the same terms. The policy and details relating to receipt of contributions and distribution of the Fund moneys shall be prescribed by the Board.

§ 32.1 – 326.1 Department to operate program of estate recovery

In accordance with applicable federal law and regulations, including those under Title XIX of the Social Security Act, the Department shall operate a program of estate recovery for all persons who receive payments or on whose behalf payments are made for Medicaid-financed nursing facility care by the Department. The amount recovered from the estate of a deceased recipient shall not exceed the amount of total Medicaid payments made on behalf of such recipient.

Glossary

This glossary includes two kinds of terms: FAIR System software terms and business process terms associated with the investigation and reporting of Medicaid fraud and abuse.

Administrative case

A case in which no criminal wrongdoing can be established or in which criminal wrongdoing cannot or will not be proven.

AG

Attorney General

Assets

All monies received and everything owned.

Baseline date

First date as of which an individual was both an institutionalized and a Medicaid *applicant*.

. NOTE: *“Institutionalized individual” in the context of asset transfers is as follows: an inpatient in a nursing facility; an inpatient in a medical institution for whom Medicaid’s payment for care is based on a level of care provided in a nursing facility; persons in long-stay hospitals (including rehabilitation hospitals and rehab units of general hospitals) and patients in Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services (MHMR) facilities who are housed in an area certified as a nursing facility or intermediate care facility for the mentally retarded; and an individual who is a recipient of Medicaid-approved community-based care (CBC) waivers.*

Business process perspective

An explanation of the FAIR System in terms of the business processes it is designed to track

Case

Generic reference to an incident of Medicaid fraud that amounts to more than the \$300 minimum

Class

Category of case as determined by the course of action that will be followed to obtain repayment of overpaid funds (i.e., civil, criminal, administrative)

Civil case

Cases lacking criminal intent or involving criminal intent that cannot or will not be proven

Criminal case

Cases involving the intent to defraud, deceive, or otherwise misrepresent facts, circumstances, or material information in the interest of obtaining Medicaid benefits. Ability to prove intent is critical to the successful prosecution of a criminal case.

DMAS

Department of Medical Assistance Services

DSS

Department of Social Services

EW

Eligibility Worker

FAIR System

Fraud and Abuse Investigation and Reporting

Fips code

Federal Information Processing Standards Code (FIPS)

GR

General Relief

Group

More than one record returned by a query or associated with a Recipient

IEVS code

Income Earning Verification Statements Code

IMD

Institution for Mental disease

Look-back date

Earliest date on which a penalty for transferring assets for less than fair market value can be imposed. Penalties can be imposed for transfers which take place on or after the look-back date; penalties cannot be imposed for transfers that took place before the look-back date.

MH

Mental Health

MR

Mental Retardation

MMIS

Medicaid Management Information System. Interfaces with the FAIR System to provide Recipient and Case data.

POI

Period of Ineligibility

Public institution

An institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control. The following are not considered to be in public institutions for the purposes of determining Medicaid eligibility: individuals aged 22 to 65 who are patients in an institution for mental diseases or tuberculosis; residents of publicly operated community residences with more than 16 beds.

QMB

Qualified Medicare Beneficiary

RAU

Recipient Audit Unit. Formerly known as RFU (Recipient Fraud Unit)

Recipient

Generic reference to an individual who has received Medicaid benefits

Record

Database term that refers to a compilation of information. In the FAIR System, a record is either a Recipient or a Case.

Resources

Cash and any other real and personal property that a member of the family or budget unit owns; has the right, authority, or power to convert to cash; and is not legally restricted from using for his or her support and maintenance.

RFU

Recipient Fraud Unit; former name of the Recipient Audit Unit

RFU6

This is the name of the letter that a fraud investigator sends to a Recipients in overpayment cases to ask that repayment of funds be made to the Department of Medical Assistance Services.

RFU7

This is the name of the letter that a fraud investigator sends 30 days after sending the RFU6 letter to demand that repayment be made.

SLMB

Special Low-income Medicare Beneficiary

Software functionality perspective

An approach that addresses those aspects of the FAIR System that are specific to the software and not the business processes it is designed to track

TPL

Third Party Liability

Transfer

Any action by an individual or other person that reduces or eliminates the individual's ownership or control of an asset(s). Transfers include giving away or selling property, disclaiming an inheritance, giving away income during the month it is received, clauses in trusts that stop payments to the individual, putting money in a trust, payments from a trust for a purpose other than benefit of the individual, and other similar actions.

User interface

The part of the FAIR System that is visible on the computer screen when do your job