

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra/Jones</i>	DATE <i>10-17-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000120</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Keck, Singleton, Jones</i> <i>Cleared 10/30/12, Survey</i> <i>attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-26-12</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>* Check w/ Betty Moses... she is working on response.</i>
2.			
3.			
4.			



DEPARTMENT OF HEALTH AND HUMAN SERVICES

OFFICE OF INSPECTOR GENERAL



Office of Evaluation and Inspections, Region IX
90 7th Street, Suite 3-600
San Francisco, CA 94103

October 16, 2012

Mr. Anthony Keck, Director
Department of Health & Human Services
1801 Main Street, PO Box 8206
Columbia, South Carolina 29201

RECEIVED

OCT 17 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Keck,

The Office of Inspector General, Office of Evaluation and Inspections (OEI) is conducting an evaluation of the Administration for Children and Families' and the Centers for Medicare & Medicaid Services' oversight of the Public Assistance Reporting Information System (PARIS). On September 28, 2012, we notified you via email about this evaluation and emailed the electronic survey and data request to Betty Moses. Please be advised, that as of October 12, 2012, the survey and data request are past due. The electronic survey has not been accessed and the sensitive information required for the data request, which we made available to Betty Moses, has not been downloaded from our secure server. We have sent reminders and made repeated attempts to confirm receipt of the survey and data request with Betty Moses, but have not been able to reach her by email or telephone. If Betty Moses is the incorrect contact for this evaluation, please provide us with an appropriate contact as soon as possible. If Betty Moses is the correct contact person, please ensure that she completes and submits the survey and data request by **October 19, 2012**. It is necessary for the OIG to receive this information for the evaluation.

The authority for our request is found in the Inspector General Act (5 U.S.C. App.) at sections 2, 4, and 6 of the Act, which authorize the Inspector General to conduct inquiries and make recommendations relating to the economy, efficiency and effectiveness of programs administered or funded by the Department of Health and Human Services. **Specifically, Section 6(a)(1) of the Act authorizes the Inspector General to have access to all records, reports, audits, reviews, documents, papers, recommendations, or other material available to HHS that relates to programs and operations with respect to which the Inspector General has responsibilities under the Act.** Additional authority is found in Title II of the Health Insurance Portability and Accountability Act (HIPAA) (42 U.S.C. 1320a-7c(a)).

If you have any questions or concerns, please do not hesitate to contact Christina Lester at 415-437-7908 or by email at Christina.Lester@oig.hhs.gov.

Cordially,

Timothy S. Brady,
Regional Inspector General

Jan Polatty

To: Christina.Lester@oig.hhs.gov
Cc: Michael Jones; John Supra; Deirdra Singleton
Subject: OIG-OEI - Evaluation of PARIS

Hi, Christina.

We spoke this morning about SC's response to the above mentioned request and I understand that you will need to resend the link to be downloaded from your secure server. Michael Jones will be your contact (cc'd above) for this survey/data request and please copy all listed above as well me. His office number is 803-898-2987 should you need to contact him. We will work to get this completed and back to you as soon as possible.

Thanks for your help and please let me know if I can be of further assistance.

Jan

Jan Polatty
Director's Office
SC DHHS
1801 Main Street - 11th Floor
Columbia, SC 29201
803-898-2504
polattyj@scdhhs.gov

10-18- Left vmail for
Christina Lester

10-18 called Ms. Mased
& they are/have rec'd

10-19 spoke M Christina
- Secure - has not been
open -

→ email the file again •
Send contact info

Jan Polatty

Log 120

Due date 10/26

From: Christina.Lester@oig.hhs.gov
Sent: Monday, October 22, 2012 4:22 PM
To: Jan Polatty
Subject: **ATTENTION: Sensitive data from the Office of Inspector General (OIG)** RE: OIG Evaluation on the Public Assistance Reporting Information System (PARIS), Medicaid Interstate Match Survey, OEI-09-11-00780

Dear Ms Polatty:

The Office of Inspector General (OIG), Office of Evaluation and Inspections conducts national evaluations and inspections on issues of interest to Department of Health and Human Services officials, Congress, and the public. As part of our oversight responsibility, we are conducting an evaluation of the Administration for Children and Families' and the Centers for Medicare & Medicaid Services' oversight of PARIS. We are also evaluating States' use of the PARIS Interstate Match to reduce improper Medicaid payments. We will review States' PARIS Medicaid Interstate Match policies and procedures, as well as a national sample of PARIS Medicaid matches, which represent Medicaid beneficiaries that are potentially enrolled in more than one State.

As part of this evaluation, the OIG is requesting that all States complete the following two items:

1. An electronic survey regarding your State's relevant policies and procedures for the PARIS Medicaid Interstate Match. Instructions to access the electronic survey are included in this email.
2. A data request to provide information regarding your State's verification activities for a random sample of Medicaid matches and the recoveries and/or cost savings associated with these matches. Instructions to download an Excel spreadsheet that contains the random sample of Medicaid matches we selected from your State's August 2011 PARIS Medicaid match file through our secure server, Accellion are included in this email. This survey is not an audit or investigation of your organization.

The electronic survey, data request, and any applicable documents are due by October 26, 2012.
Instructions to Access the Electronic Survey

To access the survey, please click on the following link:

Link: <https://surveys.oig.hhs.gov/snapwebhost/surveylogin.asp?k=134869584719>

Then enter your unique Username and Password below:

Username: **North Carolina** Password: **(H6SnAj4**

Please note that the Username and Password are case sensitive. Save this letter to reference your Username and Password for the survey.

Please allow at least 30 minutes to complete the survey. If you cannot complete the survey in one session, you have the option to save your responses and return to the survey at a later time.

Before starting this survey, we strongly recommend that you gather your State's PARIS, Medicaid State Plan Amendment that documents your participation in PARIS and any PARIS Medicaid Interstate Match policies and procedures. Also, the survey may require the expertise of multiple individuals. To facilitate the process of gathering information from multiple individuals, we have attached a PDF copy of the survey for your reference. The PDF copy allows you to see the survey in its entirety.

Instructions to Access the Data Request

Please answer the questions in the spreadsheet for each Medicaid match listed. **IMPORTANT NOTE:** The spreadsheet contains personally identifiable information. Please take necessary steps to protect this information.

Follow the instructions at the bottom of the email to download the spreadsheet from the OIG's secure file delivery server. After completing the spreadsheet, please send it through a secure server or copy it to a CD or flash drive along with any requested documentation. Mail the CD or flash drive to:

HHS/OIG/OEI Attn: PARIS Team
90 7th Street, Suite 3-600
San Francisco CA, 94103

The authority to request this information is found in the Inspector General Act (5 U.S.C. App.) at Sections 2, 4 and 6, of the Act, which authorizes the Inspector General to conduct inquiries and make recommendations relating to the economy, efficiency and effectiveness of programs administered or funded by the Department of Health and Human Services. Please refer to 45 CFR § 164.512(d), which authorizes the disclosure of protected health information to a health oversight agency such as OIG.

OIG may contact you by email or phone to clarify your responses.

Thank you for your cooperation. You may direct any questions to Christina Lester at Christina.Lester@oig.hhs.gov or by phone at 415-437-7908.

Cordially,

Timothy S. Brady
Regional Inspector General

*****Instructions to download the spreadsheet from the OIG's secure file delivery server*****

File(s) will be available for download until **29 October 2012:**

File: PARIS Medicaid Matches South Carolina 9 28 12 .xlsx, 47.57 KB [Fingerprint: 043c0f7e87b3179ea3d58174fee6ffc5]

File: PARIS Survey Reference Copy Due 10-19-12.pdf, 33.04 KB [Fingerprint: 9b84a29a9093ec9e992742c38db446a4]

You have received attachment link(s) within this email sent via HHS/OIG transport service. To retrieve the attachment(s), please click on the link(s).

***** PLEASE READ FIRST*****

Internet Explorer users:

This is a FIPS compliant box and will only negotiate communication using TLS. The Appliance only supports browser version IE 7 or later. IE 6 web browsers are not supported. If you are not able to browse the link, please enable TLS by going to Tools -> Internet option and click on the Advance Tab. Scroll down the settings box and check TLS.

Java is needed in order to upload and download files. Java is required for large attachments and encryption. Java version 6 update 11 or later is recommended.

THINGS TO CHECK:

Upon clicking the link and your web browser displays a message about "page not being displayed". Please make sure that TLS check box is selected in IE. For all other browsers, please check your browser documentations or with your IT group on how to configure communication. Firefox user, TLS is enabled by default.

If you are able to access the link and a pop up window is displaying that the digital certificate has expired, please say "Yes" to continue" and "NO" if asked if you want to block the application ("Java has discovered application components that could indicate security concern."). By clicking no if asked to block the application will render your connection useless. This is a digital certificate signature that expired on the appliance and is in the process of being updated by Accellion via FIPS 140-2 certification.

If your connection to Accellion went through but no button is accessible (ie. browse button, etc) this means that your Java software is not running in the background. The accellion requires Java to securely access your file (ie: upload and download). Go to the Java website and download the latest Java. This may require your IT support help in installing the software.

If your Java is running in the background, you will notice a Java icon being displayed in your system tool bar (bottom right corner next to the clock). That is the Java console. It is useful when the accellion engineers are trying to trouble shoot communication or access problem. The Java console can be copied and sent to us (was,helpdeskit@oig.hhs.gov) with the description of your problem. If there was no IT console showing up and you know that Java is installed, please go to Control panel -> right click on the Java icon -> advance tab and expand debugging. Check enable tracking and enable logging. Expand Java console and select Show console. Click OK, close all session and log back in or click the link from the email to go back to the appliance. Copy the console log and send it to the OIG Helpdesk.

If you have all the requirements installed and still not able to access the OIG appliance, run traceroute from your workstation (open command prompt and type tracert transport.oig.hhs.gov) include the result by copying and pasting the result to your email.

Click or copy the link to download the latest Java Version.

<http://www.java.com/en/>

Accellion File Transfer

Brenda James

Log # 120 ✓

From: Sharon Mondier
Sent: Tuesday, October 30, 2012 12:40 PM
To: Brenda James; Patricia Davis; Teeshla Curtis; Michael Jones
Cc: Betty Moses
Subject: Log #120 Action Referral (Due Date: 10/29/12- Michael Jones's Office)
Attachments: SKMBT_42012103010350.pdf

Importance: High

Per Ms. Moses, attached is a file copy of the survey for your records. Also, Teeshla has already been emailed all supporting documents. Thanks.

-----Original Message-----

From: copier@scdhhs.gov [<mailto:copier@scdhhs.gov>]
Sent: Tuesday, October 30, 2012 11:36 AM
To: Sharon Mondier
Subject: Scan from copier

No reply. Any problems scanning to e-mail, contact Greg Mattison

-----Original Message-----

From: Sharon Mondier
Sent: Tuesday, October 30, 2012 11:47 AM
To: Brenda James
Cc: Gina T. Green; Michael Jones; Teeshla Curtis; Betty Moses; Michael Jones
Subject: RE: Log #120 Action Referral (Due Date: 10/29/12- Michael Jones's Office)
Importance: High

Per Ms. Moses, she has informed Teeshla that a sent copy would be forwarded when time permits. Currently, she is working on another assignment.

Thanks.

-----Original Message-----

From: Betty Moses
Sent: Tuesday, October 30, 2012 9:38 AM
To: Sharon Mondier
Cc: Gina T. Green; Michael Jones; Teeshla Curtis; Brenda James
Subject: RE: Log #120 Action Referral (Due Date: 10/29/12- Michael Jones's Office)

The PARIS survey has been completed and submitted.

Betty J. Moses, CPM, Director
Division of Policy and Planning
S. C. Dept. of Health and Human Services Office of Eligibility and Enrollment
1801 Main Street, Columbia, S. C. 29202
mosesby@scdhhs.gov
Phone # 803-898-3949
Fax # 803-255-8350

-----Original Message-----

From: Sharon Mondier

Sent: Monday, October 29, 2012 5:24 PM

To: Betty Moses

Cc: Gina T. Green; Michael Jones; Teeshla Curtis; Brenda James

Subject: FW: Log #120 Action Referral (Due Date: 10/29/12- Michael Jones's Office)

Importance: High

Hi Ms. Moses,

Just a friendly reminder. The attached log was due today in Mr. Jones'/Gina Green's Office. Please provide a status on this log letter #120?

Thanks.

-----Original Message-----

From: Sharon Mondier

Sent: Wednesday, October 24, 2012 12:15 PM

To: Betty Moses

Cc: Gina T. Green; Michael Jones; Teeshla Curtis; Brenda James

Subject: Log #120 Action Referral (Due Date: 10/29/12- Michael Jones's Office)

Importance: High

Hi Ms. Moses,

Please take appropriate action. (Due Date: 10/29/12- M. Jones' Office) (Due Date: 10/31/12 - J. Supra's Office)

Thanks.

-----Original Message-----

From: copier@scdhhs.gov (<mailto:copier@scdhhs.gov>)

Sent: Wednesday, October 24, 2012 10:11 AM

To: Sharon Mondier

Subject: Scan from copier

No reply. Any problems scanning to e-mail, contact Greg Mattison

Public Assistance Reporting Information System (PARIS) Medicaid Interstate Match Survey

Section 1: State Policies and Procedures for the PARIS Medicaid Interstate Match

The following questions relate to your State's policies and procedures for the Medicaid portion of the PARIS Interstate Match.

We will ask you to submit any policies and/or procedures your State has developed for the PARIS Medicaid Interstate by October 12, 2012. Instructions for sending the documents will be provided at the end of survey.

Please note that questions in the survey may not be numbered consecutively depending on your responses.

1. Has your State amended its Medicaid State Plan to document its participation in the PARIS Medicaid Interstate Match?
☒ Yes
☐ No

2. To demonstrate compliance with the requirements in Section 1903(r) of the Social Security Act, each State must amend its Medicaid State Plan to document its "participation" in PARIS. What is your State's interpretation of "participation"?

A PARIS request file is submitted quarterly. At this time, South Carolina only receives the interstate match data. The response data is processed to filter out records that do not require corrective action. Eligibility workers are notified to resolve any conflicts.

3. Does your State have policies and/or procedures for the following:

Yes No

Submitting Medicaid enrollment data to the Department of Defense's Manpower Data Center (DMDC) for the PARIS Interstate Match?

☒ ☐

Verifying Medicaid matches identified by the PARIS Interstate Match? We use the term "verify" to refer to the

enrollment data to DMDC.

Please describe the informal (unwritten) policies and/or procedures for verifying Medicaid matches.

Please describe the informal (unwritten) policies and/or procedures for discontinuing improper Medicaid payments.

Please describe the informal (unwritten) policies and/or procedures for recovering improper Medicaid payments.

Send certified letter to member requesting payment. When member responds, payment schedule is established.

Section 2: Submission of Medicaid Enrollment Data for the PARIS Interstate Match

The following questions relate to your State's submission of Medicaid enrollment data to DMDC for the PARIS Interstate Match.

5. For which of the following PARIS Interstate quarterly matches, did your State submit Medicaid enrollment data to DMDC? Check all that apply.

☒ February 2011

☒ May 2011

☒ August 2011

☒ November 2011

☒ February 2012

☒ May 2012

☐ Did not submit Medicaid enrollment data for any of the above quarterly matches

Why was Medicaid enrollment data not submitted for all quarters? If Medicaid enrollment data was submitted for all quarters please enter "N/A."

N/A

6. Did your State submit Medicaid enrollment data for the August 2011 PARIS

process States use to determine the eligibility of beneficiaries identified by the PARIS Interstate Match because they were enrolled in multiple States.

Discontinuing improper Medicaid payments identified by the PARIS Interstate Match? We use the term "improper payments" to refer to payments made on behalf of Medicaid beneficiaries enrolled in multiple States for either erroneous payments caused by eligibility errors and/or improper payments due to potential fraud.

Recovering improper Medicaid payments identified by the PARIS Interstate Match? Recover refers to recouping funds that were overpaid.

4. **Indicate what type of policies and/or procedures your State has for the following:
Check all that apply.**

	<i>Formal policies and/or procedures</i>	<i>Informal (unwritten) policies and/or procedures</i>
<u>Submitting</u> Medicaid enrollment data to DMDC for the PARIS Interstate Match:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Verifying</u> Medicaid matches identified by the PARIS Interstate Match:	<input type="checkbox"/>	<input type="checkbox"/>
<u>Discontinuing</u> improper Medicaid payments identified by the PARIS Interstate Match:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Recovering</u> improper Medicaid payments identified by the PARIS Interstate Match:	<input type="checkbox"/>	<input type="checkbox"/>

Please describe the informal (unwritten) policies and/or procedures for submitting Medicaid

Interstate Match for all enrolled Medicaid beneficiaries in your State?

- ☒ Yes
☐ No

7. **How many unduplicated beneficiaries were enrolled in your State's Medicaid program (i.e., open and active) when your State submitted data for the August 2011 PARIS Interstate Match? Please enter a number.**

124,775

8. **How many unduplicated beneficiaries were included in your State's Medicaid enrollment data submission to DMDC for the August 2011 PARIS Interstate Match? Please enter a number.**

Please describe the filters and the reasons for each filter.

How many Medicaid beneficiaries were filtered from the August 2011 Medicaid prior to being sent to DMDC? Please enter a number.

Please explain why one or more counties in the State do not submit Medicaid Enrollment data to DMDC.

Please describe "Other."

10. **Has your State encountered any barriers to submitting Medicaid enrollment data to DMDC for the PARIS Interstate Match?**

- ☐ Yes
☒ No

Please describe the barriers encountered when submitting Medicaid enrollment data to DMDC for the PARIS Interstate Match.

Section 3: Verification of Medicaid matches Identified by the PARIS Interstate Match

The following questions relate to the activities your State undertakes to verify whether the Medicaid beneficiaries identified by the PARIS Interstate Match are eligible to receive Medicaid benefits in your State.

11. Does your State verify Medicaid matches identified by the PARIS Interstate Match? We use the term "verify" to refer to the process States use to determine the eligibility of beneficiaries identified by the PARIS Interstate Match because they were enrolled in multiple States.

☒ Yes
☐ No

12. Did your State filter out any Medicaid matches after your State received the August 2011 PARIS Interstate Match file from DMDC (We use the term "filter" to refer to removing beneficiaries from the Medicaid match file)?

☒ Yes
☐ No

Please describe the filters
(include the purpose for each filter).

1. Any record where the matching state has provided an end date that is not a future date. 2. Any matched records where the SC Medicaid terminated after the state submitted the request for the match. In both of these situations, the Medicaid has ended, so there is no longer a conflict.

13. What is the total number of staff who verifies Medicaid matches identified by the PARIS Interstate Match file? Please enter a number.

4

14. Please list their job title and agency/unit, for the staff who verifies Medicaid matches.

Member Information Management Unit Program Assistant (3) Program Coordinator (1)

15. On average, how many days does it take your State to verify a Medicaid match (from the point you begin to confirm the eligibility of the beneficiary to when you determine the beneficiary's eligibility status)? Please enter a number.

15

16. Does your State encounter any barriers when verifying Medicaid matches identified by the PARIS Interstate Match?

☒ Yes
☐ No

Please describe the barriers

encountered when verifying Medicaid matches identified by the PARIS Interstate Match.

1. Other states do not respond 2. Phone numbers and contact information missing or not valid 3. Inability to contact members

17. Does your State discontinue improper Medicaid payments identified by the PARIS Interstate Match? We use the term "improper payments" to refer to payments made on behalf of Medicaid beneficiaries enrolled in multiple States for either erroneous payments caused by eligibility errors and/or improper payments due to potential fraud.

☒ Yes
☐ No

18. Does your State encounter any barriers when discontinuing improper Medicaid payments identified by the PARIS Interstate Match?

☐ Yes
☒ No

Please describe the barriers encountered when discontinuing improper Medicaid payments identified by the PARIS Interstate Match.

Section 4: Recovering Improper Payments Identified by Verifying Medicaid Matches

The following questions are related to the activities your State undertakes to discontinue and/or recover improper Medicaid payments identified by verifying Medicaid matches.

19. Does your State reconcile improper capitation payments identified by verifying Medicaid matches?

☒ Yes
☐ No

Please describe how your State reconciles improper capitation payments.

When Managed Care staff is notified that health plan member's Medicaid coverage has been closed, staff checks the member's health plan enrollment status via the Medicaid Management Information System' MMIS recipient Special Program (RSP) ~~series~~. If the member's health plan enrollment extends beyond the dates of active Medicaid coverage staff will: (a) Adjust the health plan enrollment end date to coincide with the Medicaid case closure (b) Prepare a debit adjustment to recoup the Per Member

Per Month (PMPM) capitation payments made to the Medicaid managed care health plan. (c) Once appropriate signatures are obtained, the adjustment are forwarded to the Medicaid Claims Control System (MCCS) for processing and (d) Debited amounts are deducted from the next payment due to the health plan.

20. Does your State encounter any barriers when reconciling improper Medicaid payments identified by verifying Medicaid matches?

☐ Yes
☒ No

Please describe the barriers encountered when recovering improper Medicaid payments identified by verifying Medicaid matches.

21. Does your State recover improper fee-for-service payments identified by verifying Medicaid matches?

☒ Yes
☐ No

Please describe how your State recovers improper fee-for-service payments. Please explain why your State does not recover improper fee-for-service payments.

Medicaid will debit Providers the option to refund the overpayments.

22. Does your State encounter any barriers when recovering improper Medicaid payments identified by verifying Medicaid matches?

☐ Yes
☒ No

Please describe the barriers encountered when recovering improper Medicaid payments identified by verifying Medicaid matches.

23. Are there any limitations of using PARIS as a tool to reduce improper Medicaid payments?

☐ Yes
☒ No

Please describe the

limitations of using PARIS
as a tool to reduce
improper Medicaid
payments.

Section 5: Guidance and Technical Assistance from the Administration for Children & Families (ACF) and/or the Centers for Medicare & Medicaid Services (CMS)

The following questions relate to guidance your State
receives regarding the Medicaid Interstate Match
from ACF, CMS, and/or the Board of PARIS Directors.

24. Has your State received guidance or technical assistance regarding the PARIS Medicaid Interstate Match from any of the following? We refer to "technical assistance" as providing informal or formal assistance and training in the operation and maintenance of PARIS.

	Yes	No
ACF	<input checked="" type="radio"/>	<input type="radio"/>
CMS	<input type="radio"/>	<input checked="" type="radio"/>
Board of PARIS Directors	<input checked="" type="radio"/>	<input type="radio"/>

Please describe the
guidance and/or technical
assistance your State
received from ACF.

Guidance with agreements

Please describe the
guidance and/or technical
assistance your State
received from CMS.

Please describe the
guidance and/or technical
assistance your State
received from the Board of
PARIS Directors.

Answering questions about data needs and/or
interpreting data.

25. In which of the following areas would your State like to receive guidance or technical assistance, if any? Check all that apply.

- ☐ Submission of Medicaid enrollment data to DMDC
- ☐ How to reconcile improper capitation payments identified by PARIS
- ☐ How to recover improper fee-for-service payments identified by PARIS
- ☐ How to develop standard policies and/or procedures and time frames for conducting verification activities
- ☒ Information on the other uses of PARIS

- ☐ *Guidance on how to implement a system that tracks PARIS Medicaid matches*
- ☐ *Guidance on Federal requirements related to PARIS*
- ☐ *Other*
- ☐ *None*

Please describe "Other."

26. Please use the space below to include any comments and/or suggestions that you would like to add concerning the PARIS Medicaid Interstate Match. If your State does not have any comments or suggestions, write "None" in the space below.

None

Instructions for Submitting Survey

**Please submit to our office the following documents by
October 12, 2012:**

Medicaid State Plan Amendment

**Policies and/or procedures for submitting Medicaid
enrollment data to DMDC**

**Policies and/or procedures for verifying Medicaid matches
identified by the PARIS Interstate Match**

**Policies and/or procedures for discontinuing improper
Medicaid payments identified by the PARIS Interstate Match**

**Please highlight the portions of the above documents that
are relevant to the PARIS Medicaid Interstate Match.**

**Please submit a copy of your documents via email to:
Christina Lester at MOSESBY@scdhhs.gov**

**Or you can mail a CD or flash drive containing your
documents to:**

**The PARIS Team
DHHS/OIG/OEI
90 7th Street, Suite 3-600**

San Francisco, CA 94103

27. **Please indicate below the method your State will use to submit the PARIS related documents:**

☒ *Email*

☐ *Mail*

If you would like a copy of your responses for your file, please select the "Print" button below. Please note that all questions will be included in the print out. Due to routing that is based on your answers, there may be some questions in the printout that are blank because you were not required to answer.

To submit your completed survey, click the "Submit" button once. Once you click submit, you will be directed out of the survey and will be unable to access it again.

OIG will send you a confirmation email once we review your survey.

Thank you for completing our survey. You may direct any questions to Christina Lester at 415-437-7908 or by email at MOSESBY@scdhhs.gov.