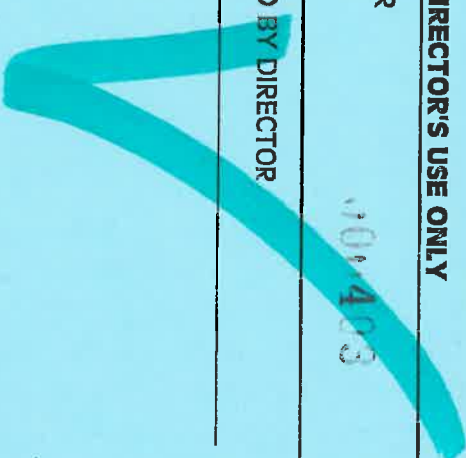


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>4-18-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101403</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
3.			
4.			

From: Jan Polatty
To: Kathleen Snider
CC: Brenda James; Deindra Singleton
Date: 4/12/2012 5:49 PM
Subject: Fwd: New -- CMS 64 Feeder Forms for MIC reporting
Attachments: CMS Form 64.9C1 MIC Feeder.pdf; 03-28-2012 Scenario Document - Final508a.pdf; CMS Form 64.90FWA MIC Feeder.pdf

Kathy - You may have received this - not sure. I was a blind copy but didn't see SC on list - you might want to ask to be added to this list.... Thanks, Jan.

Brenda - Please log for documentation purposes and file. Thanks, Jan.

>>> "Brice-Smith, Angela M. (CMS/CP)" <Angela.Brice-Smith@cms.hhs.gov> 4/3/2012 3:19 PM >>>
Dear State Program Integrity Directors,

The Centers for Medicare & Medicaid Services' (CMS) Financial Management Group and Medicaid Integrity Group (MIG) in the Center for Program Integrity have created new Feeder Forms to the CMS-64 in MBES in order to easily identify States' reporting and the CMS' recovery of overpayments identified by our Audit Medicaid Integrity Contractors (MIC) through our National Medicaid Audit program.

In addition, we have created a Scenarios Document to assist the States with the proper reporting of MIC recoveries/overpayments on these Feeder Forms. I have attached these new Feeder Forms entitled CMS64.90FWA MIC Feeder and CMS 64.9C1 MIC Feeder, and also the Scenarios Document. I encourage you to share these documents with your program integrity and financial reporting staff (or State contacts) to remind them to use these new Feeder Forms and to provide assistance while reporting their MIC recoveries on the CMS-64.

I hope States will find these new Feeder Forms easier to use and to complete as part of the CMS-64 and the Scenarios Document a useful guide when reporting MIC recoveries on the CMS-64.

If you have any questions, please contact Elizabeth Paley, Deputy Director of the Division of Audits and Accountability, MIG at 410-786-1499
(Elizabeth.Paley1@cms.hhs.gov<<mailto:Elizabeth.Paley1@cms.hhs.gov>>).

Respectfully,

Angela Brice-Smith

Director, Medicaid Integrity Group/Center for Program Integrity

Centers for Medicare & Medicaid Services

7500 Security Blvd. Mailstop: AR-18-50

RECEIVED

APR 17 2012

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Baltimore, MD 21244-1850

ph: 410-786-4340

fax: 410-786-0604

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Line 5 Feeder Form Detail (CMS 64.9C1)
Fraud, Waste & Abuse Amounts Credited
From Medicaid Program Integrity Activities
CMS Medicaid Integrity Contractors (MICs)

State: New Hampshire

Quarter Ended: 12/31/2011

Provider Name	Provider Number	Total Computable	Medicaid Federal Share	ARRA Federal Share	Federal Share
		(A)	(B)	(C)	(D)
Steve Jones	J123-9902	400	200	20	220
Notes: test case					
John Smith	S-123-451	3,000	1,800	300	2,100
Notes: This is Chris's test for \$200 #					
Total		3,400	2,000	320	2,320

National Audit Program Recovery: Scenarios and Reporting on the CMS-64

The Centers for Medicare & Medicaid Services (CMS) Program Integrity is committed to ensuring that States' have the most relevant and functional resources with respect to reporting, recovery, and tracking of Audit Medicaid Integrity Contractor (Audit MIC) overpayments on the CMS-64. At CMS we encourage collaboration at all levels to ensure that the States are in position to report accurate and timely information on the CMS-64's to meet shared goals and objectives. Recently CMS enhanced the forms available in MBES to the States and Regional Offices (RO) in accurately reporting recoveries resulting from the National Audit program. However, currently the CMS-64 Audit MIC recovery reporting format does not support provider detail. Therefore, CMS has been unable to efficiently determine which providers have repaid overpayments, the amount they paid, and when they were actually paid. To address these concerns, CMS has developed a Feeder Form Details Spreadsheet that will enable Program Integrity and the ROs to identify and track Audit MIC recoveries individually. The spreadsheet will break out the amounts reported in the CMS-64 Form 64.9C1 Line 5 and allow CMS to drill down by provider with respect to quarterly reported recoveries by the States.

The following are the possible scenarios that a State may encounter during the CMS-64 reporting of program integrity activities. The scenarios are based on the Audit MIC issuing a Final Audit Report (FAR) to the State which starts the one year time limit that the State has to recover the overpayment from the Provider. An example of the "Feeder Form Details" sheet that will auto populate line 5 of Forms CMS 64.9C1 and CMS 64.9OFWA (CMS Medicaid Integrity Contractors – MICs), column entries Total Computable (A), Medicaid Federal Share (B), ARRA Federal Share (C), and Total Federal Share (D), is attached below.

Feeder Form Detail (CMS 64.9C1 / CMS 64.9OFWA) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) Quarter Ended: 12/31/2011						
State: Alabama	Provider Name	Provider Number	Amount Recovered Total Computable (A)	Amount Recovered Medicaid Federal Share (B)	Amount Recovered ARRA Federal Share (C)	Amount Recovered Total Federal Share (D)
	NOTES					
	ABC	12345	1,000	500	100	600
	XYZ	67890	4000	2000	400	2400
	Total		5,000	2500	500	3000

Scenario 1: The overpayment is recovered within the one year time frame. *Example 1* -FAR issued on January 1, 2011 for Provider ABC (12345) in the Total Computable (TC) amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00, and recovered the full amount from the provider on May 31, 2011 - The State would report on the June 30, 2011 "Form CMS-64.9C1" Feeder Form Details Spreadsheet as follows:

State: Alabama Line 5 Feeder Form Detail (CMS 64.9C1) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) Quarter Ended: 6/30/2011						
Provider Name	Provider Number	Amount Recovered Total Computable	Amount Recovered Medicaid Federal Share	Amount Recovered ARRA Federal Share	Amount Recovered Total Federal Share	NOTES
		(A)	(B)	(C)	(D)	(E)
ABC	12345	1,000	500	100	600	Narrative.
Total		1,000	500	100	600	

Scenario 2: The overpayment is partially recovered during one year time frame and the remaining balance is recovered before the one year time frame expires. *Example 2* -FAR issued on January 1, 2011 for Provider ABC (12345) in the Total Computable (TC) amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00, and recovered a partial payment of \$500.00 TC or 50% from the provider on May 31, 2011 and the remaining balance of \$500.00 TC on 8/31/11 - The State would report on the June 30, 2011 "Form CMS-64.9C1" Feeder Form Details Spreadsheet as follows:

Line 5 Feeder Form Detail (CMS 64.9C1) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) State: Alabama Quarter Ended: 6/30/2011						
Provider Name	Provider Number	Amount Recovered Total Computable (A)	Amount Recovered Medicaid Federal Share (B)	Amount Recovered ARRA Federal Share (C)	Amount Recovered Total Federal Share (D)	NOTES (E)
ABC	12345	500	250	50	300	Partial recovery of \$500 TC, balance of \$500 TC remains. Provider will pay by 12/15/11.
Total		500	250	50	300	

The State would report on the September 30, 2011 "Form CMS-64.9C1" Feeder Form Details Spreadsheet as follows:

Line 5 Feeder Form Detail (CMS 64.9C1) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) State: Alabama Quarter Ended: 9/30/2011						
Provider Name	Provider Number	Amount Recovered Total Computable	Amount Recovered Medicaid Federal Share	Amount Recovered ARRA Federal Share	Amount Recovered Total Federal Share	NOTES
(A)	(B)	(C)	(D)	(E)		
ABC	12345	500	250	50	300	Final recovery of \$500 TC. Previous partial collection of \$500 TC credited on CMS-64 for QE 6/30/11.
Total		500	250	50	300	

Scenario 3: The overpayment is partially recovered during the year but the remaining balance IS NOT recovered before one year expires.
Example 3-FAR issued on January 1, 2011 for Provider ABC (12345) in the Total Computable (TC) amount of \$1,000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00, and recovered a partial payment of \$500.00 TC or 50% from the provider on May 31, 2011 and the remaining balance of \$500.00 TC is not recovered before one year expires - The State would report on the June 30, 2011 "Form CMS 64.9C1" Feeder Form Details Spreadsheet as follows:

State: Alabama Line 5 Feeder Form Detail (CMS 64.9C1) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) Quarter Ended: 6/30/2011						
Provider Name	Provider Number	Amount Recovered Total Computable (A)	Amount Recovered Medicaid Federal Share (B)	Amount Recovered ARRA Federal Share (C)	Amount Recovered Total Federal Share (D)	NOTES (E)
ABC	12345	500	250	50	300	Partial recovery of \$500 TC. Balance of \$500 TC remains. Provider will pay by 12/15/11.
Total		500	250	50	300	

The State would enter the Total Computable (\$1000.00), remaining balance of Medicaid Federal Share (\$250.00), the remaining balance of ARRA Federal Share (\$50.00), and the Total Federal Share remaining balance (\$300.00) on "Form CMS 64.90FWA" for the December 31, 2011 CMS-64.

Line 5 Feeder Form Detail (CMS 64.90FWA) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) State: Alabama Quarter Ended: 12/31/2011						
Provider Name	Provider Number	(A) Amount Recovered Total Computable	(B) Amount Recovered Medicaid Federal Share	(C) Amount Recovered ARRA Federal Share	(D) Amount Recovered Total Federal Share	NOTES
ABC	12345	500	250	50	300	Credit of Final \$500 TC due to expiration of 1 yr time limit. Previous partial collection of \$500 TC credited on CMS-64 for QE 6/30/11.
Total		500	250	50	300	

Scenario 4: The overpayment is NOT recovered within the one year time frame. *Example 4* -FAR issued on January 1, 2011 for Provider ABC (12345) in the Total Computable (TC) amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00. No recoveries have been made from the provider within the established one year time frame. The State would report the NON-RECOVERY on the 12/31, 2011 "Form CMS-64.90FWA". The State would enter the Total Computable (\$1000.00), Medicaid Federal Share (\$500.00), ARRA Federal Share (\$100.00), and the Total Federal Share (\$600.00) on "Form CMS 64.90FWA" for the December 31, 2011 CMS-64 as follows:

State: Alabama Line 5 Feeder Form Detail (CMS 64.90FWA) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) Quarter Ended: 12/31/2011						
Provider Name	Provider Number	Amount Recovered Total Computable (A)	Amount Recovered Medicaid Federal Share (B)	Amount Recovered ARRA Federal Share (C)	Amount Recovered Total Federal Share (D)	NOTES (E)
ABC	12345	1,000	500	100	600	Payment not received within one year.
Total		1,000	500	100	600	

Scenario 5: The overpayment is NOT recovered within the one year time frame but collected subsequently beyond one year. *Example 5 -FAR issued on January 1, 2011 for Provider ABC (12345) in the Total Computable (TC) amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00. A full recovery was made during February of 2012, two months following the end of the one year time limit that the State has to collect and overpayment from the Provider.* Currently, there is no requirement for the States to report supplemental collection data beyond one year for MIC Audits. In this situation the State would report the Non-Recovery on "Form CMS 64.90FWA" for 12/31/2011 as follows and forgo reporting the recovery made in February of 2012:

Line 5 Feeder Form Detail (CMS 64.90FWA) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) Quarter Ended: 12/31/2011						
State: Alabama						
Provider Name	Provider Number	Amount Recovered Total Computable	Amount Recovered Medicaid Federal Share	Amount Recovered ARRA Federal Share	Amount Recovered Total Federal Share	NOTES
		(A)	(B)	(C)	(D)	(E)
ABC	12345	1,000	500	100	600	Payment not received within one year.
Total		1,000	500	100	600	

Scenario 6: Penalties in the form of interest assessed by the State. **Note:** If the State assesses penalties on a provider that is considered "Program Related" income, the federal share of the assessment must be returned. If the State reports a recovery during the one year frame and has made an agreement with provider to set up a payment plan beyond one year and charges interest, the State does NOT have to report interest collected after the federal share of the overpayment has been refunded. However, any interest charged during the period that the State is collecting the overpayment before the entire overpayment has been refunded to the federal government, the State must report the federal share of the interest collected. *Example 6 - FAP* issued on January 1, 2011 for Provider ABC (12345) in the Total Computable (TC) amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% FMAP increase of \$100.00; creating a Total FMAP of \$600.00, and recovered the full amount from the provider on July 15, 2011. It is mandated by the State that 10% interest per month will be assessed for any recovery made beyond six months. The interest amount for the Medicaid Federal Share for one month would be \$50.00 and the Provider pays the full amount - The State would report the recovery on the September 30, 2011 "Form CMS-64.9C1" Feeder Form Details Spreadsheet and report the additional penalties collected on line 5 of the summary sheet and enter an explanation in the notes as follows:

Line 5 Feeder Form Detail (CMS 64.9C1) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) Quarter Ended: 9/30/2011						
State: Alabama						
Provider Name	Provider Number	(A) Amount Recovered Total Computable	(B) Amount Recovered Medicaid Federal Share	(C) Amount Recovered ARRA Federal Share	(D) Amount Recovered Total Federal Share	NOTES
ABC	12345	1,000	500	100	600	State also collected \$50 (FFP) in interest – Reported on Line 5 of CMS-64 Summary Sheet.
Total		1,000	500	100	600	

Scenario 7: If the State reports the FAR recovery on their CMS-64 and the provider appeals the Audit MIC overpayment and prevails, then an adjustment to the amount previously reported will be necessary. The adjustment is reported on "Form CMS 64.90FWA", Line 8 (Decreasing Adjustments to Amounts Previously Reported on Line 7) as a manual entry to deduct the amount awarded in the appeal verdict. *Example 7 - FAR issued on January 1, 2011 for Provider ABC (12345) in the Total Computable amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00. The State reports the recovery in a timely manner before the one year expiration date on the September 30, 2011 CMS-64. The initial reporting entry would be on "Form CMS-64.9C1" Feeder Form Details Spreadsheet as follows:*

Line 5 Feeder Form Detail (CMS 64.9C1) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) State: Alabama Quarter Ended: 9/30/2011						
Provider Name	Provider Number	Amount Recovered Total Computable (A)	Amount Recovered Medicaid Federal Share (B)	Amount Recovered ARRA Federal Share (C)	Amount Recovered Total Federal Share (D)	NOTES (E)
ABC	12345	1,000	500	100	600	
Total		1,000	500	100	600	

Scenario 7: Continued...

The provider wins a full appeal or partial of the FAR amount in November of 2011. For purposes of this example, we will assume that the provider wins an appeal for the full amount. The adjustment is reported as a manual entry on "Form CMS 64.90FWA", Line 8 (Decreasing Adjustments to Amounts Previously Reported on Line 7) on December 31, 2011 as follows:

CMS 64.90FWA Fraud, Waste & Abuse Amounts Overpayments - Federal Credit Due From Medicaid Program Integrity Activities Credits in this Quarter					
State: New Hampshire Agency: CMS Quarter/Year: Qtr 1st 2012 Quarter Ended: 12/31/2011		Total	Medicaid Federal	ARRA Federal	Federal Share
		(A)	(B)	(C)	(D)
		1) Amounts Identified from State PI activities	0	0	0
		1A) Data mining activities	0	0	0
		1B) PI Provider audits	0	0	0
		1C) Other	0	0	0
		2) MFCU Investigations	0	0	0
		3) Settlements/Judgments	0	0	0
		4) Civil Monetary Penalties	0	0	0
		5) CMS Medicaid Integrity Contractors (MICs)	0	0	0
		6) Other	0	0	0
		7) Sub-Total	0	0	0
		8) Decreasing Adjustments to Amounts Previously Reported on Line 7	-1000	-500	-100
		9) Decreasing Adjustments - Amounts Previously Reported Overpayments to Providers	0	0	0

Note: A partial appeal victory will have the same properties as a full appeal victory except for the fact that the partially appealed amount awarded would be deducted from full amount initially reported.

Scenario 8: If the State does not report a FAR recovery before the one year expiration date and provider initiates an appeal and prevails then the non-recovery must be reported on "Form CMS 64.90FWA" Line 5, for the quarter that the year expires. A manual adjustment will be made to "Form CMS 64.90FWA", Line 8 (Decreasing Adjustments to Amounts Previously Reported on Line 7) as a manual entry to deduct the amount awarded in the appeal verdict. *Example* 8 -FAR issued on January 15, 2011 for Provider ABC (12345) in the Total Computable amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00. The State reports the non-recovery at the one year expiration date on the March 31, 2012 "Form CMS 64.90FWA" Line 5 as follows:

State: Alabama Line 5 (CMS 64.90FWA) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) Quarter Ended: 3/31/2012						
Provider Name	Provider Number	Amount Recovered Total Computable	Amount Recovered Medicaid Federal Share	Amount Recovered ARRA Federal Share	Amount Recovered Total Federal Share	NOTES
(A)	(B)	(C)	(D)	(E)		
ABC	12345	1000	500	100	600	
Total		1000	500	100	600	

Scenario 8: Continued...

The provider prevails in an ALJ appeal on April 15, 2012. For purposes of this example, we will assume that the provider wins an appeal for the full amount. The adjustment is reported as a manual entry on "Form CMS 64.90FWA", Line 8 (Decreasing Adjustments to Amounts Previously Reported on Line 7) on June 30, 2012 as follows:

CMS 64.90FWA Fraud, Waste & Abuse Amounts Overpayments - Federal Credit Due From Medicaid Program Integrity Activities Credits in this Quarter					
State: New Hampshire Agency: CMS Quarter/Year: Qtr 1st 2012 Quarter Ended: 6/30/2012		Total	Medicaid Federal	ARRA Federal	Federal Share
		(A)	(B)	(C)	(D)
		1) Amounts Identified from State PI activities	**	*	*
		1A) Data mining activities	0	0	0
		1B) PI Provider audits	0	0	0
		1C) Other	0	0	0
		2) MFCU Investigations	0	0	0
		3) Settlements/Judgments	0	0	0
		4) Civil Monetary Penalties	0	0	0
		5) CMS Medicaid Integrity Contractors (MICs)	0	0	0
		6) Other	0	0	0
		7) Sub-Total	0	0	0
		8) Decreasing Adjustments to Amounts Previously Reported on Line 7	-1000	-500	-100
		9) Decreasing Adjustments - Amounts Previously Reported Overpayments to Providers	0	0	0

Scenario 9: The Provider files for Bankruptcy or Closes the Business.

If the provider files for bankruptcy or the provider closes the business and the State follows all protocols associated with the bankruptcy or Out-of-business provisions, then the State reports any collection made. If the State has not collected at the point that the one year expires and the provider has not yet filed for bankruptcy or gone out of business, the State must report the overpayment on the Form CMS 64.90FWA. If the provider later files bankruptcy or goes out of business and the State has followed all protocols, the State can report an adjustment for the amount they are not able to collect.

Scenario 10: The State settles the appeal with the Provider before the one year time limit.

Settlements undertaken by the States to avoid administrative costs and/or litigation expenses, and/or based on perceived likelihood of the provider's success in litigation do not justify a reduction in the Federal portion of an overpayment and the full amount of the Federal Share must be returned. The recovery would be reported on Line 5 of "Form CMS 64.90FWA", CMS Medicaid Integrity Contractors (MICs), by the end of the Quarter immediately following settlement date. *Example 10* - FAR issued on January 1, 2011 for Provider ABC (12345) in the Total Computable amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00. The State settles with the provider for \$700.00 on May 31, 2011 to avoid litigation expenses. The State would report on the June 30, 2011 "Form CMS-64.9C1" Feeder Form Details Spreadsheet as follows:

Line 5 Feeder Form Detail (CMS 64.9C1) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) State: Alabama						
Provider Name	Provider Number	(A)	(B)	(C)	(D)	(E)
	Amount Recovered Total Computable Share	Amount Recovered Medicaid Federal Share	Amount Recovered ARRA Federal Share	Amount Recovered Total Federal Share	NOTES	
ABC	12345	700	350	70	420	State settled with the Provider for \$700.00 TC on 5/31/11.
Total		700	350	70	420	

Scenario 10: Continued...

Form CMS 64.90 FWA as follows:

Line 5 Feeder Form Detail (CMS 64.90FWA) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) State: Alabama Quarter Ended: 3/31/2012						
Provider Name	Provider Number	Amount Recovered Total Computable	Amount Recovered Medicaid Federal Share	Amount Recovered ARRA Federal Share	Amount Recovered Total Federal Share	NOTES
(A)	(B)	(C)	(D)	(E)		
ABC	12345	300	150	30	180	State settled appeal with the Provider for \$700.00 TC on 2/15/12.
Total		300	150	30	180	

Scenario 11: The State settles an appeal with the Provider after the one year limit.

Settlements undertaken by the States to avoid administrative costs and/or litigation expenses, and/or based on perceived likelihood of the provider's success in litigation do not justify a reduction in the Federal portion of an overpayment and the full amount of the Federal Share must be returned. The recovery would be reported on Line 5 of "Form CMS 64.90FWA", CMS Medicaid Integrity Contractors (MICs), by the end of the Quarter immediately following settlement date. *Example 11 - FAR* issued on January 1, 2011 for Provider ABC (12345) in the Total Computable (TC) amount of \$1000.00 with a 50% FMAP (\$500.00) with a 10% ARRA FMAP increase of \$100.00; creating a Total FMAP of \$600.00. The State settles with the provider for \$700.00 on Feb 15, 2012 (After the one year time limit). The State would report on the December 31, 2011 Form CMS-64.9C1 Feeder Form Details Spreadsheet as follows:

State: Alabama Line 5 Feeder Form Detail (CMS 64.90FWA) Fraud, Waste & Abuse Amounts Credited From Medicaid Program Integrity Activities CMS Medicaid Integrity Contractors (MICs) Quarter Ended: 12/31/2011						
Provider Name	Provider Number	Amount Recovered Total Computable	Amount Recovered Federal Medicaid Share	Amount Recovered ARRA Federal Share	Amount Recovered Total Federal Share	NOTES
ABC	12345	1,000	500	100	600	State settled appeal with the Provider for \$700.00 TC on 2/15/12.
Total		1,000	500	100	600	

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Line 5 Feeder Form Detail (CMS 64.90FWA)
Fraud, Waste & Abuse Amounts Credited
From Medicaid Program Integrity Activities
CMS Medicaid Integrity Contractors (MICs)

State: New Hampshire

Quarter Ended: 12/31/2011

Provider Name	Provider Number	Total Computable	Medicaid Federal Share	ARRA Federal Share	Federal Share
		(A)	(B)	(C)	(D)
Mary Jones	J1112434	800	400	40	440
Notes: test data					
Total		800	400	40	440