

# FY 2020 OMB Supplemental Data Call

## Railroad Retirement Board

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## Agency-Wide Responses

### Question 2 Free Text: Detecting and Recovering Improper Payments (PIIA Section: 3352(e), 3352(e) (1))

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** Beginning with the FY2019 Performance and Accountability Report, the RRB ceased improper payment reporting in the Payment Integrity section for RRB Medicare. The reason the RRB discontinued reporting of the Medicare program is because CMS reports a combined overall error rate (improper payments) that includes all Medicare Administrative Contractors (MACs) and the RRB Specialty Medicare Administrative Contractor (SMAC). As such, CMS and RRB agreed that RRB would no longer separately report this information in order to avoid reporting duplicative information.

**ANSWER:** The majority of RRA overpayments fall within two Root Cause Categories: Inability to Authenticate Eligibility and Failure to Verify. These overpayments typically result from changes outside the Agency. Examples include: Notice of death received with insufficient time to terminate scheduled payments, Entitlement to social security benefits, Working after retirement, Receipt of Public Service Pensions, and Changes in marital status or family composition.

Ongoing activities aimed at improving the accuracy of the payments and reducing erroneous payments include the following:

\*To detect improper payments due to *adjudicative error*, the agency conducts **quality assurance programs and validation reviews**, which identify activities that are susceptible to error and suggest process improvements and procedures to prevent further errors.

\*To detect improper payments due to *information that is not readily available or is inaccessible*, the agency conducts **comprehensive monitoring and program integrity efforts**, including representative payee monitoring, student monitoring, and the centenarian contact program.

\*The agency maintains an active **management control review process** where responsible officials perform risk assessments, and identify and report weaknesses in annual certifications required under the Federal Managers' Financial Integrity Act.

\*The RRB requires proofs from rail employers and other sources to ensure payments are made only to those that are verified to be entitled under the law. The adjudication process includes **queries of both internal and external databases, including SSA death Match, benefit entitlement, and wage information**, as part of the pre-award and pre-payment procedures.

\*Each RRA benefit application passes a series of **electronic edits** to verify that statements made by the applicant and entered on the application are supported by the appropriate evidential proofs. A second series of systems edits are performed to re-verify all necessary proofs have been submitted.

\*Prior to payment, **verification of the applicant's banking information** used for direct deposit is done by checking the national Financial Organization Master File to ensure the accuracy of payment delivery. Also, each potential payment is electronically **checked against the RRB's database of outstanding accounts receivable for offset and recovery**.

The RRB is currently working on various automation initiatives to improve RRA adjudication processing and minimize errors due to manual handling. The agency also continues to explore the cost effectiveness and feasibility of using the National Directory of New Hires to obtain information not available through our current matching programs.

The RRB is diligent in its recovery efforts through offset of future benefits, reclamation of benefits erroneously paid after the death of a beneficiary, and direct payment from debtors.

**ANSWER:** The majority of RUIA overpayments fall within the Root Cause Category, “Inability to Authenticate Eligibility: Inability to Access Data.” These overpayments occur when RUIA claimants have been laid off from their regular railroad job and choose to work for a non-railroad employer while also receiving unemployment benefits from the RRB. These potential debts are identified through the State Wage Matching programs we have established with all fifty states and the District of Columbia.

Ongoing activities aimed at improving the accuracy of the payments and reducing erroneous payments include the following:

\*To detect improper payments due to *adjudicative error*, the agency conducts **quality assurance programs and validation reviews**, which identify activities that are susceptible to error and suggest process improvements and procedures to prevent further errors.

\*To detect improper payments due to *information that is not readily available or is inaccessible*, the agency conducts **comprehensive monitoring and program integrity efforts**, including conducting state wage matches, annual wage record audit, and physician verification.

\*The RRB’s OIG conducts frequent **audits** of the RUIA benefit payment processes.

\*The agency maintains an active **management control review process** where responsible officials perform risk assessments, and identify and report weaknesses in annual certifications required under the Federal Managers’ Financial Integrity Act.

\*The RRB requires **verification from rail employers** and other sources to ensure payments are made only to those that are verified to be entitled under the law.

\*The RRB has a **pre-payment verification process** for RUIA applications, involving notice to rail employers to be matched against their payroll databases and provide any relevant data to the RRB. Notices of all biweekly RUIA claims are also sent to employers for prepayment matching in the same manner, and employers can report results through electronic means prior to RRB certification for payment.

\*Prior to payment, each potential payment is electronically **checked against the RRB’s database of outstanding accounts receivable for offset and recovery**.

The agency continues to explore the cost effectiveness and feasibility of using the National Directory of New Hires to obtain information not available through our current matching programs.

The RRB is diligent in its recovery efforts through offset of future benefits and direct payment from debtors. Fraudulent payments are referred to the RRB’s OIG.

### **Question 3: Recovery Audits (PIIA Section: 3352)**

*Please describe the steps the agency has taken to recover improper payments identified in recovery audits. Please note there is a 3000 character limit.*

**ANSWER:** Our role for Medicare is limited to beneficiary enrollment and premium collections. We do not issue payments. Therefore, this is not applicable to the RRB Medicare program.

**ANSWER:** The RRB is a small agency with very limited contracting activity; therefore, we have never conducted a formal “Payment Recapture Audit Program.” We do have a Recapture Plan which describes a robust, multi-faceted review process that, taken as a whole, constitutes an effective alternative to a formal payment recapture program. See response to question #2 for additional details and Section II ‘Recapture of Improper Payments Reporting’ in the Program Integrity section of the FY 2020 P&AR for recovery data.

### **Question 4: Excluded Programs (PIIA Section: 3352(e) (7))**

*Please list any programs the agency excluded from review under its payment recapture audit program because a payment recovery audit program was determined to not be cost-effective and provide a summary of the justification used to make that determination. Please note there is a 3000 character limit.*

**ANSWER:** No programs were excluded.

**ANSWER:** The RRB is a small agency with very limited contracting activity; therefore, we have never conducted a formal “Payment Recapture Audit Program.” We do have a Recapture Plan which describes a robust, multi-faceted review process that, taken as a whole, constitutes an effective alternative to a formal payment recapture program. See response to question #2 for additional details and Section II ‘Recapture of Improper Payments Reporting’ in the Program Integrity section of the FY 2020 P&AR for recovery data. No benefit payment programs were excluded.

### **Question 5 Free Text: Financial and Administrative Controls (PIIA Section: 3357(d))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** The agency conducts mandatory, Fraud Awareness training. This agency-wide training is conducted each year on the RRB’s Learning Management System to educate on general fraud principles.

In Fiscal Year 2020, the Board created the Fraud Risk Assessment Committee. The purpose of the Committee is to assess, and offer solutions to mitigate fraud risk in the administration of the Agency’s programs.

**ANSWER:** The RRB has established effective internal controls aimed at minimizing improper payments through our Management Control Review process. The RRB has numerous ongoing Program Integrity activities to detect potential indicators of fraud and abuse, and to ensure that benefits are paid in the correct amounts to eligible and entitled beneficiaries. There have also been more recent programs implemented and existing programs enhanced (Fully Operational – 3) to further reduce or detect potential fraud, including the following:

Nonagenarian Review. We check Medicare utilization records of beneficiaries at age 90 and over, rather than at age 100, based on an OIG recommendation. Reducing the age threshold, enhances the likelihood of detecting fraudulent claims.

Disability Tracking of Physicians and Patterns (DTOPP). We track physicians associated with all initial, reconsideration and hearings and appeals disability determinations (occupational, total, widows and children). Each physician identified has a unique physician master ID number (PMID) to enable association of physicians to cases and determine the frequency of physicians seen by our applicants.

Continuing Disability Review. This program was enhanced by revising the G-254 *Continuing Disability Report* to clarify and include additional questions concerning earnings (i.e., self-employment), medical condition (i.e., discussing work status with a doctor), and daily activities. Requesting more detailed information allows examiners to determine improvement or recovery, which can lead to earlier disability annuity suspension or termination.

The Work Number. Disability examiners are required to check for earnings during adjudication and prior to payment.

Targeted Earnings Reminder. We created an annual reminder notice for release to approximately 2,000 disability annuitants under full retirement age who have earnings under the annual earnings limit, informing them to notify the RRB for any month their earnings exceeds either the monthly earnings limit after deduction of disability work expense during the year and/or if their annual earnings exceeds the annual earnings limit.

Chief Medical Officer (CMO). Provides assistance to disability examiners for effective case development and adjudication.

Fraud Awareness Training. Mandatory, agency-wide training is conducted each year on the RRB's Learning Management System to educate on general fraud principles. Disability examiners and specialists also receive annual program specific fraud awareness training.

Fraud Risk Assessment Committee. In Fiscal Year 2020, the Board created the Fraud Risk Assessment Committee. The purpose of the Committee is to assess, and offer solutions to mitigate fraud risk in the administration of the Agency's programs.

**ANSWER:** The RRB has established effective internal controls aimed at minimizing improper payments through our Management Control Review process. The RRB has numerous ongoing Program Integrity activities to detect potential indicators of fraud and abuse, and to ensure that benefits are paid in the correct amounts to eligible and entitled beneficiaries. There have also been more recent programs implemented and existing programs enhanced (Fully Operational – 3) to further reduce or detect potential fraud, including the following:

Fraud Awareness Training. Mandatory, agency-wide training is conducted each year on the RRB's Learning Management System to educate on general fraud principles.

Fraud Risk Assessment Committee. In Fiscal Year 2020, the Board created the Fraud Risk Assessment Committee. The purpose of the Committee is to assess, and offer solutions to mitigate fraud risk in the administration of the Agency's programs.

### Question 6: Statutory Thresholds and Risk Assessments (PIIA Section: 3352(a) (3) (C))

Please indicate the following:

- Any programs not listed in this collection which were recently assessed to determine susceptibility of improper payments.
  - Whether it was likely to be above or below the statutory threshold.
- The FY for any programs not listed in this collection which were most recently assessed to determine whether it was likely to be above or below the statutory threshold.
- If they had substantial changes to RA methodology.

#### ANSWER:

<b>Program not listed</b>	<b>Likely to be above or below threshold?</b>	<b>Assessment Date</b>	<b>Substantial RA methodology changes??</b>
Vendor Payments	Likely to be Below Statutory Threshold	Other	NO
Employee Payments	Likely to be Below Statutory Threshold	Other	NO

### Question 6 Free Text: Statutory Thresholds and Risk Assessments (PIIA Section: 3352(a) (3) (C))

Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.

**ANSWER:** See response in Question 6 within the RRA Folder.

**ANSWER:** Risk Assessments for RRB's non-benefit payment programs, Vendor and Employee payments, were recently completed to determine susceptibility of improper payments and were published in the FY 2020 P&AR.

Other: The assessment was completed in November 2020.

## Medicare

### Question 12: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))

Please indicate which of the six (6) criteria (if any) were determined to be non-compliant in the most recent IG compliance review.

#### ANSWER:

Indicate compliant or non-compliant	Compliance criteria
Compliant	1. Publish an AFR or PAR
Compliant	2. Conduct Program-Specific Risk Assessment
Non-Compliant	3. Publish Improper Payment Estimates
Non-Compliant	4. Publish Programmatic Corrective Action Plans
Non-Compliant	5. Publish and Meet Annual Reduction Targets
Non-Compliant	6. Report a gross Improper Payment Rate of Less than 10%

### Question 12 Free Text: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))

Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.

**ANSWER:** Beginning with the FY2019 Performance and Accountability Report, the RRB ceased improper payment reporting in the Payment Integrity section for RRB Medicare. The reason the RRB discontinued reporting of the Medicare program is because CMS reports a combined overall error rate (improper payments) that includes all Medicare Administrative Contractors (MACs) and the RRB Specialty Medicare Administrative Contractor (SMAC). As such, CMS and RRB agreed that RRB would no longer separately report this information in order to avoid reporting duplicative information.

Based on the OIG's most recent review: *Audit of the Railroad Retirement Board's Compliance with Improper Payments Reporting in the Fiscal Year 2019 Performance and Accountability Report* (May 12, 2020), they did not agree with this assessment and reported RRB Medicare as non-complaint with criteria 3-6.

### Question 13: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))

Please indicate how many consecutive years this program was deemed non-compliant as of the most recent IG compliance review (regardless of which of the six (6) criteria were determined non-compliant).

#### ANSWER:

Indicate consecutive years
2

**Question 13 Free Text: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** Based on the OIG's review: *Audit of the Railroad Retirement Board's Compliance with Improper Payments Reporting in the Fiscal Year 2018 Performance and Accountability Report* (May 30, 2019), they assessed the RRB Medicare program was compliant with criteria one through five. The RRB was non compliant with criteria 6, reporting a gross improper payment rate greater than 10%.

Beginning with the FY2019 Performance and Accountability Report, the RRB ceased improper payment reporting in the Payment Integrity section for RRB Medicare. The reason the RRB discontinued reporting the Medicare program is because CMS reports a combined overall error rate (improper payments) that includes all Medicare Administrative Contractors (MACs) and the RRB Specialty Medicare Administrative Contractor (SMAC). As such, CMS and RRB agreed that RRB would no longer separately report this information in order to avoid reporting duplicative information. Based on the OIG's most recent review: *Audit of the Railroad Retirement Board's Compliance with Improper Payments Reporting in the Fiscal Year 2019 Performance and Accountability Report* (May 12, 2020), the OIG did not agree with this assessment and reported RRB Medicare as non-complaint with criteria 3-6.

**Question 14 Free Text: Bringing the program into compliance (PIIA Section: 3353(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** Beginning with the FY2019 Performance and Accountability Report, the RRB ceased improper payment reporting in the Payment Integrity section for RRB Medicare. Therefore, this is not applicable to the RRB Medicare program.

**Question 15 Free Text: Creating accountability to achieve compliance (PIIA Section: 3353(b) (1) (B))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** Beginning with the FY2019 Performance and Accountability Report, the RRB ceased improper payment reporting in the Payment Integrity section for RRB Medicare. Therefore, this is not applicable to the RRB Medicare program.

**Question 16 Free Text: Do Not Pay Initiative (PIIA Section: 3354(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** Our role for Medicare is limited to beneficiary enrollment and premium collections. We do not issue payments. Therefore, the Do Not Pay Initiative is not applicable to the RRB Medicare program.



## RRA

### Question 12: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))

Please indicate which of the six (6) criteria (if any) were determined to be non-compliant in the most recent IG compliance review.

#### ANSWER:

Indicate compliant or non-compliant	Compliance criteria
Compliant	1. Publish an AFR or PAR
Compliant	2. Conduct Program-Specific Risk Assessment
Compliant	3. Publish Improper Payment Estimates
Compliant	4. Publish Programmatic Corrective Action Plans
Compliant	5. Publish and Meet Annual Reduction Targets
Compliant	6. Report a gross Improper Payment Rate of Less than 10%

### Question 12 Free Text: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))

Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.

**ANSWER:** The RRA program was compliant based on the OIG's most recent review: *Audit of the Railroad Retirement Board's Compliance with Improper Payments Reporting in the Fiscal Year 2019 Performance and Accountability Report* (May 12, 2020). In addition, the OIG noted that items two through six were not required.

Note: In FY 2018, the Office of Management and Budget granted relief from reporting the RRA program improper payments on an annual basis due to the consistently low improper payment rate over several years. The FY 2020 RRA Risk Assessment concluded the improper payment rate continues to fall below the statutory thresholds for 'significant improper payments.'

### Question 13 Free Text: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))

Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.

**ANSWER:** This is not applicable to the RRA program.

**Question 14 Free Text: Bringing the program into compliance (PIIA Section: 3353(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** This is not applicable to the RRA program.

**Question 15 Free Text: Creating accountability to achieve compliance (PIIA Section: 3353(b) (1) (B))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** This is not applicable to the RRA program.

**Question 16: Do Not Pay Initiative (PIIA Section: 3354(b) (5))**

*Please indicate whether the program uses the DNP (yes/no) and whether the Do Not Pay Initiative has reduced/prevented improper payments (yes/no). Additionally, please provide the frequency of corrections (week/month range) or identification of incorrect information (range of false hits?).*

**ANSWER:**

<b>Does the program use the Do Not Pay Initiative (DNP) (yes/no)</b>	<b>Has the DNP reduced/prevented improper payments (yes/no)</b>	<b>How frequently are corrections made?</b>	<b>How frequently is incorrect information identified?</b>
YES	YES	Monthly	Monthly

**Question 16 Free Text: Do Not Pay Initiative (PIIA Section: 3354(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** We have determined that our current business processes, data sources, and the Do Not Pay Initiative are effective in detecting and preventing overpayments. As a benefit paying agency, the RRB receives pre-payment information regarding benefit entitlement at other agencies and wage information. We have ongoing data sources established and in use for this information, which includes benefit entitlement and wages from SSA, employers, and our application process. We also receive post-payment wage information through established sources such as wage matching programs with the 50 states and the District of Columbia. In addition, we receive death data directly from SSA and CMS, which provides us with detailed death information.

# RUIA

## **Question 12: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))**

*Please indicate which of the six (6) criteria (if any) were determined to be non-compliant in the most recent IG compliance review.*

### **ANSWER:**

<b>Indicate compliant or non-compliant</b>	<b>Compliance criteria</b>
Compliant	1. Publish an AFR or PAR
Compliant	2. Conduct Program-Specific Risk Assessment
Compliant	3. Publish Improper Payment Estimates
Compliant	4. Publish Programmatic Corrective Action Plans
Compliant	5. Publish and Meet Annual Reduction Targets
Compliant	6. Report a gross Improper Payment Rate of Less than 10%

## **Question 12 Free Text: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** The RUIA program was compliant based on the OIG’s most recent review: *Audit of the Railroad Retirement Board’s Compliance with Improper Payments Reporting in the Fiscal Year 2019 Performance and Accountability Report* (May 12, 2020). In addition, the OIG noted that items two through six were not required.

Note: In January 2009, the Office of Management and Budget granted a three year relief from reporting the RUIA program improper payments on an annual basis due to the consistently low level of overpayments over several years. The RRB resumed reporting RUIA improper payments in fiscal year 2012. In FY 2018, reporting relief was again granted for the RUIA program. The FY 2020 RUIA Risk Assessment concluded the improper payment rate continues to fall below the statutory thresholds for ‘significant improper payments.’ However, formal improper payment reporting will resume for the RUIA program due to Coronavirus Aid, Relief and Economic Security Act (CARES) legislation.

## **Question 13 Free Text: Inspector General Compliance (PIIA Section: 3352(f) (2) (A) and (B); 3353(b) (1) (A); 3353(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** This is not applicable to the RUIA program.

**Question 14 Free Text: Bringing the program into compliance (PIIA Section: 3353(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** This is not applicable to the RUIA program.

**Question 15 Free Text: Creating accountability to achieve compliance (PIIA Section: 3353(b) (1) (B))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** This is not applicable to the RUIA program.

**Question 16 Free Text: Do Not Pay Initiative (PIIA Section: 3354(b) (5))**

*Based on your selection(s) above, provide additional information below. Please note there is a 3000 character limit.*

**ANSWER:** The RUIA program does not utilize the Do Not Pay initiative; and therefore, table 16 is not applicable for this program.