

Committee on Ways and Means
 Witness Disclosure Requirement – “Truth in Testimony”
 Required by House Rule XI, Clause 2(g)

Your Name: S. Scott Ward, CFE, AHFI		
1. Are you testifying on behalf of a Federal, State, or Local Government entity? a. Name of entity(ies). b. Briefly describe the capacity in which you represent this entity	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Are you testifying on behalf of any non-governmental entity(ies)? a. Name of entity(ies). Health Integrity, LLC b. Briefly describe the capacity in which you represent this entity. In 2008, the Center for Medicare and Medicaid Services (CMS) awarded Health Integrity the Zone Program Integrity Contractor (ZPIC) contract for Zone 4, contract # HHSM-500-2008-000271. I am the Program Director for the ZPIC, Zone 4 contract.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
3. Please list any Federal grants or contracts (including subgrants or subcontracts) which you have received during the current fiscal year or either of the two previous fiscal years that are related to the subject matter of the hearing: a. <u>Zone Program Integrity Contractor (ZPIC) Zone 4, Period of Performance: 09/08-10/16</u> Four states: TX, NW, Co and OK, Medicare Parts A, B, DME, HH & Hospice CMS Contract #HHSM-500-2008-000271 b. <u>Medicare Drug Integrity Contractor (MEDIC), National Program</u> Period of Performance: 09/06-09/16, Medicare Parts C and D CMS Contract #HHSM-500-2005-0001 c. <u>Audit Medicaid Integrity Contractor (MIC), Three Task Orders: Chicago, Dallas & Atlanta; Period of Performance: 09/09 – 10/16 Chicago; 09/09-09/27 Atlanta; 09/11-10/17 Dallas; responsible for audits of Medicaid claims data for providers and beneficiaries</u> CMS Contract #HHSM-500-2008-000271 d. <u>Subcontractor to IBM Corporation, CMS Contract #HHSM-500-2015-0151U</u> Period of Performance: 09/2015-09/2016 Provide strategic and tactical direction to the project; identify vulnerabilities and risk factors relative to claims data		
4. Please list any grants, contracts, or payments originating from foreign governments which you have received during the current calendar year or either of the two previous calendar years that are related to the subject matter of the hearing: NONE		
5. Please list any offices or elected positions you hold. NONE		
6. Does the entity(ies) you represent, other than yourself, have parent organizations, subsidiaries, or partnerships you are not representing? Health Integrity, LLC is a subsidiary of Quality Health Strategies, Inc. Delmarva Foundation for Medical Care and HealthWatch	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>