



STATE PROGRAM INTEGRITY ASSESSMENT

Federal Fiscal Year 2009 Executive Summary



The State Program Integrity Assessment (SPIA) is the Centers for Medicare & Medicaid Services' (CMS) first national data collection on State Medicaid program integrity activities. The CMS will use the data from SPIA to develop descriptive reports for each State, identify areas to provide States with technical support and assistance, and assess States' performances over time. The data are self-reported by the States, collected via an online data collection instrument that includes questions on State Medicaid integrity program characteristics; planning, prevention, detection, investigation and recovery activities; and technical assistance needs. A high-level summary of key data elements is provided in the tables below. Since each individual State's Medicaid program is unique, some of the data requested in SPIA may not apply in all cases. Therefore, the data summaries may not sum to the same total or to the total number of responses received (51, including the District of Columbia). Please direct questions or comments to SPIA@cms.hhs.gov.

Organizational Structure for Medicaid Integrity Activities	
	# of States
Distinct Program Integrity Model	26
Inspector General (IG) Model	4
Hybrid Model	20

Activities the State includes under Medicaid Integrity	
	# of States
Audits	47
Investigations	44
SURS/Data Mining	48
Provider Enrollment	30
Provider Education/Communications	37
Managed Care Oversight	30
Other	23

Medicaid Integrity Activities that the State Contracts Out	
	# of States
Audits	24
Investigations	12
SURS/Data Mining	22
Provider Enrollment	20
Provider Education/Communications	19
Managed Care Oversight	11
Other	25

Medicaid Integrity Staffing (Total Filled FTEs) ¹		
		# of States
3.00 -	16.00	12
16.01 -	34.00	13
34.01 -	65.50	12
65.51 -	1,399.50	13

Average Number of Medicaid Integrity Staff (Filled FTEs): 83.12
Grand Total of Medicaid Integrity Staffing (Filled FTEs): 4,239.28

Estimate of Total Expenditures for Medicaid Integrity Activities		
		# of States
\$172,793.00 -	\$1,250,000.00	10
\$1,250,000.01 -	\$2,750,000.00	12
\$2,750,000.01 -	\$7,750,000.00	12
\$7,750,000.01 -	\$81,644,921.33	13

Average Total Expenditures for Medicaid Integrity Activities: \$8,032,231.17
Grand Total of Expenditures for Medicaid Integrity Activities: \$393,579,327.12

¹ NOTE: There may some duplication in reporting of FTE numbers (i.e., the same staff may serve multiple functions).



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Number of Referrals Accepted by the MFCU			# of States
1	–	10	24
11	–	20	8
21	–	40	7
41	–	289	8

Average Number of Referrals Accepted by the MFCU: 36
Grand Total of Referrals Accepted by the MFCU: 1,760

Number of Referrals Made to the MFCU			# of States
1	–	10	17
11	–	20	11
21	–	40	6
41	–	289	14

Average Number of Referrals Made to the MFCU: 51
Grand Total of Referrals Made to the MFCU: 2,490

Total Number of Provider Audits Conducted			# of States
1	–	200	10
201	–	500	13
501	–	2,000	13
2,001	–	23,301	11

Average Number of Provider Audits Conducted: 2,503
Grand Total of Provider Audits Conducted: 122,631

Overpayments Identified as a Result of Provider Audits		# of States
\$1.00 - \$2,000,000.00		12
\$2,000,000.01 - \$5,000,000.00		8
\$5,000,000.01 - \$20,000,000.00		16
\$20,000,000.01 - \$208,807,362.06		11

Average Overpayments Identified as a result of Provider Audits: \$19,682,715.59
Grand Total of Overpayments Identified as a result of Provider Audits: \$964,453,063.69

Total Recoveries from Provider Audits		# of States
\$1.00 - \$1,000,000.00		9
\$1,000,000.01 - \$5,000,000.00		14
\$5,000,000.01 - \$15,000,000.00		12
\$15,000,000.01 - \$212,794,581.39		12

Average Total Recoveries from Provider Audits: \$20,435,227.76
Grand Total of Recoveries from Provider Audits: \$1,001,326,160.41

Total Recoveries from all Medicaid Integrity Activities		# of States
\$1,283,635.00 - \$3,000,000.00		9
\$3,000,000.01 - \$10,000,000.00		12
\$10,000,000.01 - \$40,000,000.00		14
\$40,000,000.01 - \$676,000,578.00		12

Average Total Recoveries from all Medicaid Integrity Activities: \$48,180,087.43
Grand Total of Recoveries from all Medicaid Integrity Activities: \$2,312,644,196.54



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State Typically Extrapolates Overpayments	
	# of States
Yes	19
No	30

State calculates the dollars cost avoided from terminating providers	
	# of States
Yes	6
No	41

State calculates dollars cost avoided from providers that withdrew due to program integrity concerns	
	# of States
Yes	2
No	47

State calculates cost avoidance dollars due to changes in payment systems	
	# of States
Yes	9
No	40

State measures cost avoidance dollars due to policy changes	
	# of States
Yes	15
No	34