



State Program Integrity Assessment Federal Fiscal Year 2010 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	
	Number of States
Distinct Program Integrity Model	29
Inspector General (IG) Model	4
Hybrid Model	16

Activities the State includes under Medicaid Integrity	
	Number of States
Audits	48
Investigations	43
SURS/Data Mining	47
Provider Enrollment	35
Provider Education/Communications	35
Managed Care Oversight	33
Other	28

Medicaid Integrity Staffing (Total Filled FTEs) ¹	
	Number of States
0.00 - 20.00	14
20.01 - 37.00	12
37.01 - 66.50	12
66.51 - 1,261.70	13

Average Number of Medicaid Integrity Staff (Filled FTEs): 81.08
Grand Total of Medicaid Integrity Staffing (Filled FTEs): 4,135.29

Medicaid Integrity Activities that the State Contracts Out	
	Number of States
Audits	25
Investigations	15
SURS/Data Mining	21
Provider Enrollment	24
Provider Education/Communications	23
Managed Care Oversight	13
Other	24

Estimate of Total Expenditures for Medicaid Integrity Activities	
	Number of States
up to - \$875,452.13	13
\$875,452.14 - \$3,000,000.00	13
\$3,000,000.01 - \$8,658,691.46	12
\$8,658,691.47 - \$70,485,728.57	13

Average Total Expenditures for Medicaid Integrity Activities
\$8,358,957.63

Grand Total of Expenditures for Medicaid Integrity Activities:
\$426,306,839.21

¹ NOTE: There may be 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		Number of States
0 – 6		13
7 – 15		14
16 – 37		10
38 – 219		12

Average Number of Referrals Accepted by the MFCU: **32**
Grand Total of Referrals Accepted by the MFCU: **1,585**

Total Number of Provider Audits Conducted		Number of States
0 – 77		13
78 – 341		13
342 – 903		12
904 – 16,690		13

Average Number of Provider Audits Conducted: **1,461**
Grand Total of Provider Audits Conducted: **74,511**

Total Recoveries from Provider Audits		Number of States
up to - \$1,162,004.41		13
\$1,162,004.42 - \$4,259,052.31		13
\$4,259,052.32 - \$8,859,047.41		12
\$8,859,047.43 - \$153,412,549.00		13

Average Total Recoveries from Provider Audits: **\$15,651,621.29**
Grand Total of Recoveries from Provider Audits: **\$798,232,686.00**

Number of Referrals Made to the MFCU		Number of States
0 – 10		15
11 – 19		10
20 – 61		12
62 – 272		12

Average Number of Referrals Made to the MFCU: **47**
Grand Total of Referrals Made to the MFCU: **2,370**

Overpayments Identified as a Result of Provider Audits		Number of States
up to - \$2,698,342.04		13
\$2,698,342.05 - \$6,063,034.00		13
\$6,063,034.01 - \$15,474,182.00		12
\$15,474,182.01 - \$163,008,421.00		13

Average Overpayments Identified as a result of Provider Audits: **\$17,163,651.08**
Grand Total of Overpayments Identified as a result of Provider Audits: **\$875,346,205.26**

Total Recoveries from all Medicaid Integrity Activities		Number of States
up to - \$4,401,377.28		13
\$4,401,377.29 - \$23,777,743.00		13
\$23,777,743.01 - \$56,542,431.00		12
\$56,542,431.01 - \$441,926,421.20		13

Average Total Recoveries from all Medicaid Integrity Activities: **\$49,014,819.62**
Grand Total of Recoveries from all Medicaid Integrity Activities: **\$2,499,755,800.71**



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State Typically Extrapolates Overpayments	
	Number of States
Yes	20
No	29

State calculates the dollars cost avoided from terminating providers	
	Number of States
Yes	11
No	37

State calculates dollars cost avoided from providers that withdrew due to program integrity concerns	
	Number of States
Yes	3
No	45

State calculates cost avoidance dollars due to changes in payment systems	
	Number of States
Yes	10
No	37

State measures cost avoidance dollars due to policy changes	
	Number of States
Yes	16
No	32