



# Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



## State of Montana

Program Characteristics		
<b>Medicaid Enrollment:</b>	Fee-for-service recipients:	212,199
	Comprehensive managed care:	0
	Primary care case management:	0
	Other:	0
	Total:	212,199
<b>Organizational structure for Medicaid Integrity activities:</b>	Distinct Program Integrity Model	
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications	
	Other: NA	
<b>Medicaid Integrity activities that the State contracts out:</b>	Provider Enrollment, Provider Education/Communications, Other	
	Other: Prior Authorizations/Max units	
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>		\$541,613.34
Planning		
<b>Staffing</b>		
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b>	
	Filled:	7.00
	Vacant:	2.00
	<b>Investigations:</b>	
	Filled:	0.00
	Vacant:	0.00
	<b>SURS/Data Mining:</b>	
	Filled:	1.00
	Vacant:	0.00
	<b>Provider Enrollment</b>	
	Filled:	0.00
	Vacant:	0.00
	<b>Provider Education/Communications:</b>	
	Filled:	0.00
	Vacant:	0.00
	<b>Other: NA</b>	
	Filled:	0.00
	Vacant:	0.00
<b>Strategic Planning</b>		
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?:	Yes
	For its managed care program(s)?:	NA

Prevention		
<b>Total number of participating Medicaid providers:</b>		17,736
<b>Number of providers applied for enrollment in Medicaid:</b>		2,052
<b>Number of providers denied enrollment in Medicaid:</b>		8
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Credentialing	
	Other: Med-Data Base	
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>		No
Detection		
<b>State typically extrapolates overpayments:</b>		No
<b>Total number of provider audits conducted:</b>	<b>Desk Audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Field Audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Provider Self-Audits</b>	
	State staff:	96
	Contractor staff:	0
	<b>Combination Desk/Field audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Cost report Audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Total</b>	
	State staff:	96
	Contractor staff:	0
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b>	\$1,934,040.07
	<b>Field Audits:</b>	\$ 0.00
	<b>Provider Self-Audits:</b>	\$127,929.31
	<b>Combination Desk/Field Audits:</b>	\$ 0.00
	<b>Cost Report Audits:</b>	\$ 0.00
	<b>Total:</b>	\$2,061,969.38

Investigation and Recovery		
<b>Referrals to Law Enforcement</b>		
<b>Number of referrals accepted by the MFCU:</b>		4
<b>Number of referrals made to the MFCU:</b>		4
<b>Provider Suspensions &amp; Sanctions</b>		
<b>State imposes provider payment suspensions due to inappropriate or fraudulent activities:</b>		Yes
<b>State imposes provider sanctions due to inappropriate or fraudulent activities:</b>		Yes
<b>Cost Avoidance</b>		
<b>State calculates the dollars cost avoided from terminating providers:</b>		No
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>		No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>		No
<b>State measures cost avoidance dollars due to policy changes:</b>		No
<b>Recoveries</b>		
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b>	\$772,006.86
	<b>Field Audits:</b>	\$ 0.00
	<b>Provider self-audits:</b>	\$132,738.43
	<b>Combination desk/field audits:</b>	\$ 0.00
	<b>Cost report audits:</b>	\$ 0.00
	<b>Total:</b>	\$904,745.29
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>		\$ 0.00