



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Missouri

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	453,710
	Comprehensive managed care:	446,118
	Primary care case management:	0
	Other:	0
	Total:	899,828
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model	
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Other Other: Third Party Liability/Cost Recovery	
Medicaid Integrity activities that the State contracts out:	SURS/Data Mining, Other Other: TPL recovery services through contractor HMS	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$6,253,853.00
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	22.00
	Vacant:	4.00
	Investigations:	
	Filled:	2.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	1.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	0.00
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NR	
	Filled:	42.00
	Vacant:	5.00
Strategic Planning		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?:	Yes
	For its managed care program(s)?:	Yes

Prevention		
Total number of participating Medicaid providers:		41,609
Number of providers applied for enrollment in Medicaid:		7,112
Number of providers denied enrollment in Medicaid:		129
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, Out-of-State licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Secretary of State Office, Business Entity Search for LLC, Corporation and Organizer Information	
State maintains its own list of providers who have been involuntarily dis-enrolled:		Yes
Detection		
State typically extrapolates overpayments:		No
Total number of provider audits conducted:	Desk Audits	
	State staff:	0
	Contractor staff:	0
	Field Audits	
	State staff:	52
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	616
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	0
	Total	
	State staff:	668
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$5,876,084.00
	Field Audits:	\$974,598.00
	Provider Self-Audits:	\$2,566,024.00
	Combination Desk/Field Audits:	\$ 0.00
	Cost Report Audits:	\$ 0.00
	Total:	\$9,416,706.00

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		9
Number of referrals made to the MFCU:		11
Provider Suspensions & Sanctions		
State imposes provider payment suspensions due to inappropriate or fraudulent activities:		Yes
State imposes provider sanctions due to inappropriate or fraudulent activities:		Yes
Cost Avoidance		
State calculates the dollars cost avoided from terminating providers:		No
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:		No
State calculates cost avoidance dollars due to changes in payment systems:		No
State measures cost avoidance dollars due to policy changes:		No
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$2,815,969.00
	Field Audits:	\$283,263.00
	Provider self-audits:	\$2,566,024.00
	Combination desk/field audits:	\$ 0.00
	Cost report audits:	\$ 0.00
Total:		\$5,665,256.00
Total dollars recovered from ALL Medicaid Integrity activities		\$61,058,213.00