



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Pennsylvania

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	479,468
	Comprehensive managed care:	1,229,554
	Primary care case management:	325,238
	Other:	26,345
	Total:	2,060,605
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, Provider Education/Communications, Managed care oversight, Other Other: Recipient Restriction, SVRS Reviews	
Medicaid Integrity activities that the State contracts out:	Managed care oversight, Other Other: CGI - DRG Validation Project	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$7,151,737.93
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	76.00
	Vacant:	0.00
	Investigations:	
	Filled:	0.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	0.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	0.00
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NA	
	Filled:	0.00
	Vacant:	0.00
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:		76,849
Number of providers applied for enrollment in Medicaid:		7,654
Number of providers denied enrollment in Medicaid:		5
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments	
	Other: NA	
	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:	12
	Contractor staff:	12
	Provider Self-Audits	
	State staff:	15
	Contractor staff:	14
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	0
	Total	
	State staff:	27
	Contractor staff:	26
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$7,607,883.73
	Field Audits:	\$ 0.00
	Provider Self-Audits:	\$ 0.00
	Combination Desk/Field Audits:	\$ 0.00
	Cost Report Audits:	\$ 0.00
	Total:	\$7,607,883.73

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		30
Number of referrals made to the MFCU:		40
Provider Suspensions & Sanctions		
State imposes provider payment suspensions due to inappropriate or fraudulent activities:		No
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:		Yes
State measures cost avoidance dollars due to policy changes:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$ 0.00
	Field Audits:	\$ 0.00
	Provider self-audits:	\$ 0.00
	Combination desk/field audits:	\$ 0.00
	Cost report audits:	\$ 0.00
	Total:	\$ 0.00
Total dollars recovered from ALL Medicaid Integrity activities		\$64,185,622.29