Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)

State of Virginia

Program Characteristics

Medicaid Enrollment:	Fee-for-service recipients:	340,609
	Comprehensive managed care:	674,808
	Primary care case management:	45,423
	Other:	0
	Total:	1,060,840
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 Enrollment, Provider Education/Communications, Managed care oversight, Other Other: KePro, TPL & claim check prepayment software	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight, Other Other: KeyPro, TPL & Claimcheck	
Estimate of expenditures ($) for Medicaid Integrity activities:	$30,895,696.40	

Planning

Staffing

Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	**Audits:**	
	Filled:	34.00
	Vacant:	4.00
	Investigations:	
	Filled:	18.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	2.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	2.00
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	28.00
	Vacant:	3.00
	Other: NR	
	Filled:	42.00
	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:	**0**
Number of providers applied for enrollment in Medicaid:	14,911
Number of providers denied enrollment in Medicaid:	0
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) Other: effective 10/1/09 all providers were required to complete the full disclosure form before enrollment was allowed
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:	36
	Contractor staff:	194
	Provider Self-Audits	
	State staff:	0
	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:	36
	Contractor staff:	194
Overpayments ($) identified as a result of provider audits:	**Desk Audits:**	$8,472,064.13
	Field Audits:	$20,526,951.38
	Provider Self-Audits:	$ 0.00
	Combination Desk/Field Audits:	$ 0.00
	Cost Report Audits:	$ 0.00
	Total:	$28,999,015.51

Investigation and Recovery

Referrals to Law Enforcement

Number of referrals accepted by the MFCU:	15
Number of referrals made to the MFCU:	55

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:	No

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:**	$29,320,465.00
	Field Audits:	$ 0.00
	Provider self-audits:	$ 0.00
	Combination desk/field audits:	$ 0.00
	Cost report audits:	$31,762,946.00
	Total:	$61,083,411.00
Total dollars recovered from ALL Medicaid Integrity activities		$75,576,661.00