



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Vermont

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	4,285
	Comprehensive managed care:	0
	Primary care case management:	100,152
	Other:	56,507
	Total:	160,944
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: NA	
Medicaid Integrity activities that the State contracts out:	Other Other: Algorithms, data mining through Optum Insight	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$892,904.25
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	3.50
	Vacant:	0.00
	Investigations:	
	Filled:	3.50
	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:	2.00
	Vacant:	0.00
Strategic Planning		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?:	No
	For its managed care program(s)?:	No

Prevention		
Total number of participating Medicaid providers:		11,474
Number of providers applied for enrollment in Medicaid:		1,411
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), GSA's Excluded Parties List System	
	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:	338
	Contractor staff:	0
	Field Audits	
	State staff:	0
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	5
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	7
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	0
	Total	
	State staff:	350
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$3,702,552.29
	Field Audits:	\$ 0.00
	Provider Self-Audits:	\$53,146.91
	Combination Desk/Field Audits:	\$2,038,658.05
	Cost Report Audits:	\$ 0.00
	Total:	\$5,794,357.25

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		7
Number of referrals made to the MFCU:		7
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:		Yes
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:		Yes
State calculates cost avoidance dollars due to changes in payment systems:		NR
State measures cost avoidance dollars due to policy changes:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$2,284,832.59
	Field Audits:	\$ 0.00
	Provider self-audits:	\$ 0.00
	Combination desk/field audits:	\$39,079.08
	Cost report audits:	\$ 0.00
	Total:	\$2,323,911.67
Total dollars recovered from ALL Medicaid Integrity activities		\$2,328,317.89