Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)

State of Tennessee

Program Characteristics

Medicaid Enrollment:	Fee-for-service recipients:	0
	Comprehensive managed care:	1,200,000
	Primary care case management:	0
	Other:	80,000
	Total:	1,280,000
Organizational structure for Medicaid Integrity activities:	Hybrid 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: handle administrative remedies; fraud/abuse/waste related overpayment recoveires	
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications Other: NA	
Estimate of expenditures ($) for Medicaid Integrity activities:	$6,885,000.00	

Planning

Staffing

Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	**Audits:**	
	Filled:	2.00
	Vacant:	
	Investigations:	
	Filled:	1.00
	Vacant:	
	SURS/Data Mining:	
	Filled:	10.00
	Vacant:	
	Provider Enrollment	
	Filled:	3.00
	Vacant:	
	Provider Education/Communications:	
	Filled:	3.00
	Vacant:	0.00
	Other:	
	Filled:	10.00
	Vacant:	

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:	**42,000**
Number of providers applied for enrollment in Medicaid:	8,276
Number of providers denied enrollment in Medicaid:	1,181
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, National Practitioners Data Bank, Health Care Integrity Protection Data Bank, On-site visits, Check if provider has another provider number under which the provider made inappropriate payments Other:
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:	
	Contractor staff:	
	Field Audits	
	State staff:	
	Contractor staff:	
	Provider Self-Audits	
	State staff:	
	Contractor staff:	
	Combination Desk/Field audits	
	State staff:	9
	Contractor staff:	6,103
	Cost report Audits	
	State staff:	
	Contractor staff:	
	Total	
	State staff:	9
	Contractor staff:	6,103
Overpayments ($) identified as a result of provider audits:	**Desk Audits:**	$76,088.00
	Field Audits:	
	Provider Self-Audits:	
	Combination Desk/Field Audits:	$5,986,946.00
	Cost Report Audits:	
	Total:	$6,063,034.00

Investigation and Recovery

Referrals to Law Enforcement

Number of referrals accepted by the MFCU:	41
Number of referrals made to the MFCU:	81

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:**	$679,975.00
	Field Audits:	$450,963.00
	Provider self-audits:	
	Combination desk/field audits:	$1,278,214.00
	Cost report audits:	
	Total:	$2,409,152.00
Total dollars recovered from ALL Medicaid Integrity activities		$61,648,026.00