



Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



State of Idaho

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	275,771
	Comprehensive managed care:	1,110
	Primary care case management:	224,791
	Other:	0
	Total:	501,672
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 Education/Communications Other: NA	
Medicaid Integrity activities that the State contracts out:	None Other: None	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$536,195.46
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	6.00
	Vacant:	1.00
	Investigations:	
	Filled:	1.00
	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: 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)?:	No
	For its managed care program(s)?:	No

Prevention		
Total number of participating Medicaid providers:		39,496
Number of providers applied for enrollment in Medicaid:		9,996
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, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments	
	Other: MCSIS; State Exclusion Database; NPPEs	
	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:	139
	Contractor staff:	0
	Field Audits	
	State staff:	53
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	3
	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:	195
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$320,555.81
	Field Audits:	\$3,067,143.13
	Provider Self-Audits:	\$12,334.70
	Combination Desk/Field Audits:	\$ 0.00
	Cost Report Audits:	\$ 0.00
	Total:	\$3,400,033.64

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		5
Number of referrals made to the MFCU:		8
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:		No
State measures cost avoidance dollars due to policy changes:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$494,047.06
	Field Audits:	\$2,293,762.22
	Provider self-audits:	\$4,653.50
	Combination desk/field audits:	\$ 0.00
	Cost report audits:	\$ 0.00
Total dollars recovered from ALL Medicaid Integrity activities	Total:	\$2,792,462.78
		\$3,400,033.64