



Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



State of Connecticut

| Program Characteristics | | |
|--|--|----------------|
| Medicaid Enrollment: | Fee-for-service recipients: | 111,246 |
| | Comprehensive managed care: | 389,549 |
| | Primary care case management: | 0 |
| | Other: | 0 |
| | Total: | 500,795 |
| 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: NA | |
| Medicaid Integrity activities that the State contracts out: | Audits, Provider Enrollment, Provider Education/Communications, Managed care oversight | |
| | Other: NA | |
| Estimate of expenditures (\$) for Medicaid Integrity activities: | | \$5,294,525.00 |
| Planning | | |
| Staffing | | |
| Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity: | Audits: | |
| | Filled: | 26.00 |
| | Vacant: | 4.00 |
| | Investigations: | |
| | Filled: | 5.00 |
| | Vacant: | 0.00 |
| | SURS/Data Mining: | |
| | Filled: | 5.00 |
| | Vacant: | 0.00 |
| | Provider Enrollment | |
| | Filled: | 1.00 |
| | 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: | | 9,214 |
| Number of providers applied for enrollment in Medicaid: | | 4,253 |
| Number of providers denied enrollment in Medicaid: | | 1,539 |
| 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), Choice Point or Lexis-Nexis reviews, On-site visits, 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: | | Yes |
| Total number of provider audits conducted: | Desk Audits | |
| | State staff: | 4 |
| | Contractor staff: | 0 |
| | Field Audits | |
| | State staff: | 82 |
| | Contractor staff: | 0 |
| | 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: | 79 | |
| Total | State staff: | 86 |
| | Contractor staff: | 79 |
| | | |
| Overpayments (\$) identified as a result of provider audits: | Desk Audits: | \$53,430.00 |
| | Field Audits: | \$7,825,420.00 |
| | Provider Self-Audits: | \$ 0.00 |
| | Combination Desk/Field Audits: | \$ 0.00 |
| | Cost Report Audits: | \$6,327,119.00 |
| Total: | \$14,205,969.00 | |

| Investigation and Recovery | | |
|---|--------------------------------|-----------------|
| Referrals to Law Enforcement | | |
| Number of referrals accepted by the MFCU: | | 5 |
| Number of referrals made to the MFCU: | | 6 |
| 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: | | No |
| State measures cost avoidance dollars due to policy changes: | | No |
| Recoveries | | |
| Total recoveries (\$) from provider audits: | Desk Audits: | \$53,430.00 |
| | Field Audits: | \$7,825,420.00 |
| | Provider self-audits: | \$ 0.00 |
| | Combination desk/field audits: | \$ 0.00 |
| | Cost report audits: | \$6,327,119.00 |
| | Total: | \$14,205,969.00 |
| Total dollars recovered from ALL Medicaid Integrity activities | | \$28,626,979.82 |