



Federal Fiscal Year 2010  
State Program Integrity Assessment (SPIA)



State of Wisconsin

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	599,501
	Comprehensive managed care:	698,327
	Primary care case management:	0
	Other:	0
	Total:	1,297,828
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, Managed care oversight, Other Other: Prior Authorization; Estate Recovery; Casualty Recovery	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight, Other Other: Audit Support	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$ 0.00
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	<b>Audits:</b>	
	Filled:	42.00
	Vacant:	0.00
	<b>Investigations:</b>	
	Filled:	0.00
	Vacant:	0.00
	<b>SURS/Data Mining:</b>	
	Filled:	1.00
	Vacant:	0.00
	<b>Provider Enrollment</b>	
	Filled:	1.00
	Vacant:	0.00
	<b>Provider Education/Communications:</b>	
	Filled:	0.00
	Vacant:	0.00
	<b>Other: NA</b>	
	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:		15,123
Number of providers applied for enrollment in Medicaid:		8,470
Number of providers denied enrollment in Medicaid:		1,031
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), On-site visits, Credentialing, 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:		No
Total number of provider audits conducted:	<b>Desk Audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Field Audits</b>	
	State staff:	65
	Contractor staff:	0
	<b>Provider Self-Audits</b>	
	State staff:	2
	Contractor staff:	0
	<b>Combination Desk/Field audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Cost report Audits</b>	
	State staff:	81
	Contractor staff:	0
	<b>Total</b>	
Overpayments (\$) identified as a result of provider audits:	State staff:	148
	Contractor staff:	0
	<b>Desk Audits:</b>	\$15,929,843.27
	<b>Field Audits:</b>	\$1,660,861.04
	<b>Provider Self-Audits:</b>	\$43,969.00
	<b>Combination Desk/Field Audits:</b>	\$ 0.00
	<b>Cost Report Audits:</b>	\$436,091.78
<b>Total:</b>		\$18,070,765.09

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		12
Number of referrals made to the MFCU:		24
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:	<b>Desk Audits:</b>	\$3,363,238.77
	<b>Field Audits:</b>	\$415,752.76
	<b>Provider self-audits:</b>	\$43,969.00
	<b>Combination desk/field audits:</b>	\$ 0.00
	<b>Cost report audits:</b>	\$436,091.78
<b>Total:</b>		\$4,259,052.31
Total dollars recovered from ALL Medicaid Integrity activities		\$26,152,719.02