



Federal Fiscal Year 2010  
State Program Integrity Assessment (SPIA)



State of West Virginia

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	239,920
	Comprehensive managed care:	165,258
	Primary care case management:	0
	Other:	0
	Total:	405,178
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, Investigations, Provider Enrollment, Provider Education/Communications, Managed care oversight	
	Other: NA	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$442,682.22
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	7.00
	Vacant:	0.00
	Investigations:	
	Filled:	7.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	7.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	8.00
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	8.00
	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)?:	Yes
	For its managed care program(s)?:	Yes

Prevention		
Total number of participating Medicaid providers:		23,108
Number of providers applied for enrollment in Medicaid:		2,931
Number of providers denied enrollment in Medicaid:		2,213
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, Credentialing	
	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:	442
	Contractor staff:	68
	<b>Field Audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Provider Self-Audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Combination Desk/Field audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Cost report Audits</b>	
	State staff:	0
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	<b>Total</b>	
	State staff:	442
	Contractor staff:	68
	<b>Desk Audits:</b>	
	\$2,559,363.33	
	<b>Field Audits:</b>	
	\$ 0.00	
	<b>Provider Self-Audits:</b>	
	\$ 0.00	
	<b>Combination Desk/Field Audits:</b>	
	\$ 0.00	
	<b>Cost Report Audits:</b>	
	\$ 0.00	
	<b>Total:</b>	
	\$2,559,363.33	

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		17
Number of referrals made to the MFCU:		17
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:		No
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:	\$955,176.82
	Field Audits:	\$ 0.00
	Provider self-audits:	\$ 0.00
	Combination desk/field audits:	\$ 0.00
	Cost report audits:	\$ 0.00
	Total:	\$955,176.82
Total dollars recovered from ALL Medicaid Integrity activities		\$955,176.82