



**FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)**



State of Wisconsin

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	567,383
	Comprehensive managed care:	869,162
	Primary care case management:	0
	Other:	0
	Total:	1,436,545
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: 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: 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:	Audits:	
	Filled:	13
	Vacant:	13.5
	Investigations:	
	Filled:	0
	Vacant:	0
	SURS/Data Mining:	
	Filled:	1
	Vacant:	0
	Provider Enrollment	
	Filled:	2
	Vacant:	0
	Provider Education/Communications:	
	Filled:	0
	Vacant:	0
	Other: Not Reported	
	Filled:	50
	Vacant:	16
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:	43,375
Number of providers applied for enrollment in Medicaid:	7,025
Number of providers denied enrollment in Medicaid:	218
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, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Not Reported
State maintains its own list of providers who have been involuntarily dis-enrolled:	No

DETECTION		
State typically extrapolates overpayments:		No
Total number of provider audits conducted:	Desk Audits	
	State staff:	632
	Contractor staff:	Not Reported
	Field Audits	
	State staff:	43
	Contractor staff:	Not Reported
	Provider Self-Audits	
	State staff:	0
	Contractor staff:	Not Reported
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	Not Reported
	Cost report Audits	
	State staff:	66
Contractor staff:	Not Reported	
Total	State staff:	741
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$2,250,752.86
	Field Audits:	\$397,198.74
	Provider Self-Audits:	\$0.00
	Combination Desk/Field Audits:	\$0.00
	Cost Report Audits:	\$281,996.76
	Total:	\$2,929,948.36

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		11
Number of referrals made to the MFCU:		21
Provider Suspensions & Sanctions		
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:		Yes
State imposes <u>provider sanctions</u> 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:	\$1,985,559.84
	Field Audits:	\$184,735.00
	Provider self-audits:	\$0.00
	Combination desk/field audits:	\$2,170,294.84
	Cost report audits:	\$281,996.76
	Total:	\$4,622,586.44
Total dollars recovered from ALL Medicaid Integrity activities		\$7,527,911.85