



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



**State of Wisconsin**

PROGRAM CHARACTERISTICS		
<b>Medicaid Enrollment:</b>	Fee-for-service recipients:	567,383
	Comprehensive managed care:	869,162
	Primary care case management:	0
	Other:	0
	<b>Total:</b>	<b>1,436,545</b>
<b>Organizational structure for Medicaid Integrity activities:</b>	Distinct Program Integrity Model	
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight Other: Prior authorization, Estate recovery, Casualty recovery	
<b>Medicaid Integrity activities that the State contracts out:</b>	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight Other: Audit support	
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>		\$0.00

PLANNING		
<b>Staffing</b>		
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b>	
	Filled:	13
	Vacant:	13.5
	<b>Investigations:</b>	
	Filled:	0
	Vacant:	0
	<b>SURS/Data Mining:</b>	
	Filled:	1
	Vacant:	0
	<b>Provider Enrollment</b>	
	Filled:	2
	Vacant:	0
	<b>Provider Education/Communications:</b>	
	Filled:	0
	Vacant:	0
<b>Other: Not Reported</b>		
Filled:	50	
Vacant:	16	
<b>Strategic Planning</b>		
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?	<b>No</b>
	For its managed care program(s)?	<b>No</b>

PREVENTION	
<b>Total number of participating Medicaid providers:</b>	<b>43,375</b>
<b>Number of providers applied for enrollment in Medicaid:</b>	7,025
<b>Number of providers denied enrollment in Medicaid:</b>	218
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	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
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	No

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

INVESTIGATION AND RECOVERY		
<b>Referrals to Law Enforcement</b>		
<b>Number of referrals accepted by the MFCU:</b>		11
<b>Number of referrals made to the MFCU:</b>		21
<b>Provider Suspensions &amp; Sanctions</b>		
<b>State imposes provider payment suspensions due to inappropriate or fraudulent activities:</b>		Yes
<b>State imposes provider sanctions due to inappropriate or fraudulent activities:</b>		Yes
<b>Cost Avoidance</b>		
<b>State calculates the dollars cost avoided from terminating providers:</b>		No
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>		No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>		No
<b>State measures cost avoidance dollars due to policy changes:</b>		No
<b>Recoveries</b>		
<b>Total recoveries (\$) from provider audits:</b>		
<b>Desk Audits:</b>	\$1,985,559.84	
<b>Field Audits:</b>	\$184,735.00	
<b>Provider self-audits:</b>	\$0.00	
<b>Combination desk/field audits:</b>	\$2,170,294.84	
<b>Cost report audits:</b>	\$281,996.76	
<b>Total:</b>	\$4,622,586.44	
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>		\$7,527,911.85