



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



State of Washington

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 841,169 Comprehensive managed care: 749,697 Primary care case management: 7,368 Other: 78,801 Total: 1,677,035
Organizational structure for Medicaid Integrity activities:	Hybrid 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: Not Reported
Medicaid Integrity activities that the State contracts out:	Managed care oversight Other: Contract with Ingenix to provide data warehouse and fraud and abuse detection system.
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$8,315,803.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 24 Vacant: 2 Investigations: Filled: 0 Vacant: 0 SURS/Data Mining: Filled: 11 Vacant: 0 Provider Enrollment Filled: 13 Vacant: 0 Provider Education/Communications: Filled: 6 Vacant: 0 Other: Not Reported Filled: 10 Vacant: 1
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:	56,215
Number of providers applied for enrollment in Medicaid:	10,016
Number of providers denied enrollment in Medicaid:	48
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, Health Care Integrity Protection Data Bank, Check if provider has another provider number under which the provider made inappropriate payments Other: Contact the State for further information.
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:	Desk Audits State staff: 412 Contractor staff: 0 Field Audits State staff: 26 Contractor staff: 5 Provider Self-Audits State staff: Not Reported Contractor staff: Not Reported Combination Desk/Field audits State staff: Not Reported Contractor staff: Not Reported Cost report Audits State staff: Not Reported Contractor staff: Not Reported Total State staff: 438 Contractor staff: 5
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$3,414,902.00 Field Audits: \$3,193,355.00 Provider Self-Audits: Not Reported Combination Desk/Field Audits: Not Reported Cost Report Audits: Not Reported Total: \$6,608,257.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	20
Number of referrals made to the MFCU:	20
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:	Not Reported
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:	Yes
State measures cost avoidance dollars due to policy changes:	Yes
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: Not Reported Field Audits: Not Reported Provider self-audits: Not Reported Combination desk/field audits: \$7,135,761.00 Cost report audits: Not Reported Total: \$7,135,761.00
Total dollars recovered from ALL Medicaid Integrity activities	\$31,062,834.00