



FEDERAL FISCAL YEAR 2009  
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of New Hampshire

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: No Report Received Comprehensive managed care: Primary care case management: Other: Total:
Organizational structure for Medicaid Integrity activities:	
Activities that the State includes under the scope of Medicaid Integrity:	Other:
Medicaid Integrity activities that the State contracts out:	Other:
Estimate of expenditures (\$) for Medicaid Integrity activities:	

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	<b>Audits:</b> Filled: Vacant: <b>Investigations:</b> Filled: Vacant: <b>SURS/Data Mining:</b> Filled: Vacant: <b>Provider Enrollment</b> Filled: Vacant: <b>Provider Education/Communications:</b> Filled: Vacant: <b>Other:</b> Filled: Vacant:
Strategic Planning	
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)? For its managed care program(s)?

PREVENTION	
Total number of participating Medicaid providers:	
Number of providers applied for enrollment in Medicaid:	
Number of providers denied enrollment in Medicaid:	
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	Other:
State maintains its own list of providers who have been involuntarily dis-enrolled:	

DETECTION	
State typically extrapolates overpayments:	
Total number of provider audits conducted:	<b>Desk Audits</b> State staff: Contractor staff: <b>Field Audits</b> State staff: Contractor staff: <b>Provider Self-Audits</b> State staff: Contractor staff: <b>Combination Desk/Field audits</b> State staff: Contractor staff: <b>Cost report Audits</b> State staff: Contractor staff: <b>Total</b> State staff: 0 Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	<b>Desk Audits:</b> <b>Field Audits:</b> <b>Provider Self-Audits:</b> <b>Combination Desk/Field Audits:</b> <b>Cost Report Audits:</b> <b>Total:</b>

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	
Number of referrals made to the MFCU:	
Provider Suspensions & Sanctions	
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:	
State imposes <u>provider sanctions</u> due to inappropriate or fraudulent activities:	
Cost Avoidance	
State calculates the dollars cost avoided from terminating providers:	
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:	
State calculates cost avoidance dollars due to changes in payment systems:	
State measures cost avoidance dollars due to policy changes:	
Recoveries	
Total recoveries (\$) from provider audits:	<b>Desk Audits:</b> <b>Field Audits:</b> <b>Provider self-audits:</b> <b>Combination desk/field audits:</b> <b>Cost report audits:</b> <b>Total:</b>
Total dollars recovered from ALL Medicaid Integrity activities	