



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Colorado

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	373,382
	Comprehensive managed care:	42,794
	Primary care case management:	22,395
	Other:	13,379
	Total:	451,950
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 Education/Communications, Managed care oversight Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Quality of Care and some Hospital Medical Necessity reviews	
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:	11
	Vacant:	0
	Investigations:	
	Filled:	11
	Vacant:	0
	SURS/Data Mining:	
	Filled:	11
	Vacant:	2
	Provider Enrollment	
	Filled:	11
	Vacant:	0
	Provider Education/Communications:	
	Filled:	11
Vacant:	0	
Other: Not Reported		
Filled:	Not Reported	
Vacant:	Not Reported	
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:	30,183
Number of providers applied for enrollment in Medicaid:	3,661
Number of providers denied enrollment in Medicaid:	270
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, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: MED Database
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:	21
Contractor staff:	57
Field Audits	
State staff:	0
Contractor staff:	0
Provider Self-Audits	
State staff:	8
Contractor staff:	0
Combination Desk/Field audits	
State staff:	0
Contractor staff:	0
Cost report Audits	
State staff:	0
Contractor staff:	229
Total	
State staff:	29
Contractor staff:	286
Overpayments (\$) identified as a result of provider audits:	
Desk Audits:	\$1,549,816.94
Field Audits:	\$0.00
Provider Self-Audits:	\$165,996.13
Combination Desk/Field Audits:	\$0.00
Cost Report Audits:	\$45,568,371.00
Total:	\$47,284,184.07

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	5
Number of referrals made to the MFCU:	7
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:	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:	\$998,338.64
Field Audits:	\$0.00
Provider self-audits:	\$165,996.13
Combination desk/field audits:	\$0.00
Cost report audits:	\$45,568,371.00
Total:	\$46,732,705.77
Total dollars recovered from ALL Medicaid Integrity activities	\$54,804,049.11