



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



State of Vermont

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 34,895 Comprehensive managed care: Not Reported Primary care case management: 93,928 Other: Not Reported Total: 128,823
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 Other: Not Reported
Medicaid Integrity activities that the State contracts out:	Other
Estimate of expenditures (\$) for Medicaid Integrity activities:	Other: additional data mining - Ingenix \$1,447,712.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 1.5 Vacant: Not Reported Investigations: Filled: 1.5 Vacant: Not Reported SURS/Data Mining: Filled: Not Reported Vacant: Not Reported Provider Enrollment Filled: Not Reported Vacant: Not Reported Provider Education/Communications: Filled: Not Reported Vacant: Not Reported Other: Not Reported Filled: 1 Vacant: Not Reported
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:	11,664
Number of providers applied for enrollment in Medicaid:	1,359
Number of providers denied enrollment in Medicaid:	0
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, Individuals and Entities (LEIE) Other: Not Reported
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: 358 Contractor staff: 0 Field Audits State staff: 0 Contractor staff: 0 Provider Self-Audits State staff: 9 Contractor staff: 0 Combination Desk/Field audits State staff: 2 Contractor staff: 0 Cost report Audits State staff: 0 Contractor staff: Not Reported Total State staff: 369 Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$1,815,910.90 Field Audits: Not Reported Provider Self-Audits: Not Reported Combination Desk/Field Audits: Not Reported Cost Report Audits: Not Reported Total: \$1,815,910.90

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:	No
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:	Yes
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: \$1,626,119.22 Field Audits: Not Reported Provider self-audits: Not Reported Combination desk/field audits: Not Reported Cost report audits: Not Reported Total: \$1,626,119.22
Total dollars recovered from ALL Medicaid Integrity activities	\$2,932,996.81