



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



State of Idaho

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	185,571
	Comprehensive managed care:	1,033
	Primary care case management:	0
	Other:	0
	Total:	186,604
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 Education/Communications	
	Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	None	
	Other: None	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$572,053.00

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	5
	Vacant:	1
	Investigations:	
	Filled:	1
	Vacant:	0
	SURS/Data Mining:	
	Filled:	1
	Vacant:	0
	Provider Enrollment	
	Filled:	0
	Vacant:	0
	Provider Education/Communications:	
	Filled:	0
	Vacant:	0
Other: Not Reported		
Filled:	0	
Vacant:	0	
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:	11,160
Number of providers applied for enrollment in Medicaid:	1,889
Number of providers denied enrollment in Medicaid:	0
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), On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Ownership disclosure
State maintains its own list of providers who have been involuntarily dis-enrolled:	Not Reported

DETECTION	
State typically extrapolates overpayments:	No
Total number of provider audits conducted:	
Desk Audits	
State staff:	284
Contractor staff:	Not Reported
Field Audits	
State staff:	78
Contractor staff:	Not Reported
Provider Self-Audits	
State staff:	2
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:	364
Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	
Desk Audits:	\$830,755.80
Field Audits:	\$1,025,246.08
Provider Self-Audits:	\$24,956.53
Combination Desk/Field Audits:	Not Reported
Cost Report Audits:	Not Reported
Total:	\$1,880,958.41

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	7
Number of referrals made to the MFCU:	8
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:	Yes
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:	Yes
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:	\$657,710.63
Field Audits:	\$835,162.94
Provider self-audits:	\$12,956.53
Combination desk/field audits:	Not Reported
Cost report audits:	Not Reported
Total:	\$1,505,830.10
Total dollars recovered from ALL Medicaid Integrity activities	\$1,524,789.10