



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Connecticut

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	116,488
	Comprehensive managed care:	357,376
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	473,864
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 Enrollment, Provider Education/Communications, Managed care oversight Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	Audits, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$6,150,000.00	
PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	16
	Vacant:	4
	Investigations:	
	Filled:	3
	Vacant:	0
	SURS/Data Mining:	
	Filled:	2
	Vacant:	0
	Provider Enrollment	
	Filled:	1
	Vacant:	0
Provider Education/Communications:		
Filled:	1	
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:		8,816
Number of providers applied for enrollment in Medicaid:		2,198
Number of providers denied enrollment in Medicaid:		1,103
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), Choice Point or Lexis-Nexis reviews, On-site visits, Check if provider has another provider number under which the provider made inappropriate payments Other: Not Reported	
	State maintains its own list of providers who have been involuntarily dis-enrolled:	
		Yes
DETECTION		
State typically extrapolates overpayments:		Yes
Total number of provider audits conducted:	Desk Audits	
	State staff:	51
	Contractor staff:	0
	Field Audits	
	State staff:	110
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	0
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	75
Overpayments (\$) identified as a result of provider audits:	Total	
	State staff:	161
	Contractor staff:	75
	Desk Audits:	
	\$505,059.00	
	Field Audits:	
	\$10,603,102.00	
	Provider Self-Audits:	
	\$0.00	
	Combination Desk/Field Audits:	
	\$0.00	
	Cost Report Audits:	
	\$2,000,000.00	
	Total:	
	\$13,108,161.00	

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		8
Number of referrals made to the MFCU:		8
Provider Suspensions & Sanctions		
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:	Yes	
State imposes <u>provider sanctions</u> 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:	\$505,059.00
	Field Audits:	\$10,603,102.00
	Provider self-audits:	\$0.00
	Combination desk/field audits:	\$11,108,161.00
	Cost report audits:	\$2,000,000.00
	Total:	\$24,216,322.00
Total dollars recovered from ALL Medicaid Integrity activities		\$39,000,000.00