



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



State of Delaware

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 35,720 Comprehensive managed care: 105,903 Primary care case management: Not Reported Other: 9,023 Total: 150,646
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, SURS/Data Mining, Provider Education/Communications Other: TPL, Code Maintenance, External Audits, Claims Resolution
Medicaid Integrity activities that the State contracts out:	Provider Enrollment, Provider Education/Communications Other: EQRO
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$1,054,000.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 3 Vacant: 0 Investigations: Filled: 5 Vacant: 0 SURS/Data Mining: Filled: 1 Vacant: 0 Provider Enrollment Filled: Not Reported Vacant: Not Reported Provider Education/Communications: Filled: Not Reported Vacant: Not Reported Other: Not Reported Filled: 16 Vacant: 1
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:	Greater than 10,000
Number of providers applied for enrollment in Medicaid:	1,655
Number of providers denied enrollment in Medicaid:	144
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), Criminal background investigations, Credentialing 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: 20 Contractor staff: 1 Field Audits State staff: 2 Contractor staff: 0 Provider Self-Audits State staff: 3 Contractor staff: 0 Combination Desk/Field audits State staff: 1 Contractor staff: 0 Cost report Audits State staff: 0 Contractor staff: 0 Total State staff: 26 Contractor staff: 1
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$535,183.37 Field Audits: \$13,991.95 Provider Self-Audits: \$76,280.25 Combination Desk/Field Audits: \$383.60 Cost Report Audits: \$0.00 Total: \$625,839.17

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	3
Number of referrals made to the MFCU:	18
Provider Suspensions & Sanctions	
State imposes provider payment suspensions due to inappropriate or fraudulent activities:	No
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: \$188,578.93 Field Audits: \$13,991.95 Provider self-audits: \$0.00 Combination desk/field audits: \$383.60 Cost report audits: \$0.00 Total: \$202,954.48
Total dollars recovered from ALL Medicaid Integrity activities	\$1,737,283.00