



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Maine

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 327,797 Comprehensive managed care: Not Reported Primary care case management: Not Reported Other: Not Reported Total: 327,797
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 Enrollment, Provider Education/Communications Other: Not Reported
Medicaid Integrity activities that the State contracts out:	None Other: none
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$3,724,598.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 28 Vacant: 1 Investigations: Filled: 0 Vacant: 0 SURS/Data Mining: Filled: 1 Vacant: 0 Provider Enrollment Filled: 10 Vacant: 0 Provider Education/Communications: Filled: 23 Vacant: 0 Other: Not Reported Filled: 9 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)?: Not Applicable

PREVENTION	
Total number of participating Medicaid providers:	37,136
Number of providers applied for enrollment in Medicaid:	2,685
Number of providers denied enrollment in Medicaid:	Info not maintained
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, HHS OIG's List of Excluded 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:	Yes
Total number of provider audits conducted:	Desk Audits State staff: 502 Contractor staff: 0 Field Audits State staff: 0 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: 505 Contractor staff: 0 Total State staff: 1,007 Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$15,348,782.72 Field Audits: Not Reported Provider Self-Audits: \$228,341.00 Combination Desk/Field Audits: Not Reported Cost Report Audits: \$20,220,240.00 Total: \$35,797,363.72

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	14
Number of referrals made to the MFCU:	14
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: \$10,833,890.24 Field Audits: Not Reported Provider self-audits: Not Reported Combination desk/field audits: Not Reported Cost report audits: \$0.00 Total: \$10,833,890.24
Total dollars recovered from ALL Medicaid Integrity activities	\$10,833,890.24