



FEDERAL FISCAL YEAR 2009  
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Pennsylvania

PROGRAM CHARACTERISTICS	
<b>Medicaid Enrollment:</b>	Fee-for-service recipients: 447,521
	Comprehensive managed care: 1,165,922
	Primary care case management: 315,223
	Other: 26,724
	Total: 1,955,390
<b>Organizational structure for Medicaid Integrity activities:</b>	Distinct Program Integrity Model
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Managed care oversight Other: Recipient Restriction, SVRS Reviews
<b>Medicaid Integrity activities that the State contracts out:</b>	Managed care oversight Other: CGI-DRG Validation Project
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$8,419,822.01

PLANNING	
<b>Staffing</b>	
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b>
	Filled: Not Reported
	Vacant: Not Reported
	<b>Investigations:</b>
	Filled: Not Reported
	Vacant: Not Reported
	<b>SURS/Data Mining:</b>
	Filled: Not Reported
	Vacant: Not Reported
	<b>Provider Enrollment</b>
	Filled: Not Reported
	Vacant: Not Reported
	<b>Provider Education/Communications:</b>
	Filled: Not Reported
	Vacant: Not Reported
<b>Other:</b> Not Reported	
Filled: 81	
Vacant: Not Reported	
<b>Strategic Planning</b>	
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?: <b>Yes</b> For its managed care program(s)?: <b>Yes</b>

PREVENTION	
<b>Total number of participating Medicaid providers:</b>	71,637
<b>Number of providers applied for enrollment in Medicaid:</b>	6,529
<b>Number of providers denied enrollment in Medicaid:</b>	4
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Not Reported
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	Yes

DETECTION	
<b>State typically extrapolates overpayments:</b>	No
<b>Total number of provider audits conducted:</b>	<b>Desk Audits</b>
	State staff: 1,297
	Contractor staff: 9,045
	<b>Field Audits</b>
	State staff: 8
	Contractor staff: 7
	<b>Provider Self-Audits</b>
	State staff: 10
	Contractor staff: 9
	<b>Combination Desk/Field audits</b>
	State staff: 0
	Contractor staff: 0
	<b>Cost report Audits</b>
	State staff: 0
	Contractor staff: 0
<b>Total</b>	
State staff: 1,315	
Contractor staff: 9,061	
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b> \$9,128,667.51 <b>Field Audits:</b> Not Reported <b>Provider Self-Audits:</b> Not Reported <b>Combination Desk/Field Audits:</b> Not Reported <b>Cost Report Audits:</b> Not Reported <b>Total:</b> \$9,128,667.51

INVESTIGATION AND RECOVERY	
<b>Referrals to Law Enforcement</b>	
<b>Number of referrals accepted by the MFCU:</b>	33
<b>Number of referrals made to the MFCU:</b>	44
<b>Provider Suspensions &amp; Sanctions</b>	
<b>State imposes provider payment suspensions due to inappropriate or fraudulent activities:</b>	No
<b>State imposes provider sanctions due to inappropriate or fraudulent activities:</b>	Yes
<b>Cost Avoidance</b>	
<b>State calculates the dollars cost avoided from terminating providers:</b>	No
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>	No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>	Yes
<b>State measures cost avoidance dollars due to policy changes:</b>	Yes
<b>Recoveries</b>	
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b> \$0.00 <b>Field Audits:</b> \$0.00 <b>Provider self-audits:</b> \$0.00 <b>Combination desk/field audits:</b> \$0.00 <b>Cost report audits:</b> \$0.00 <b>Total:</b> \$0.00
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>	\$48,315,215.02