



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Wyoming

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	64,051
	Comprehensive managed care:	0
	Primary care case management:	0
	Other:	Not Reported
	Total:	64,051
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 Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining, Provider Enrollment Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$547,854.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	3.5
	Vacant:	1
	Investigations:	
	Filled:	0.75
	Vacant:	0
	SURS/Data Mining:	
	Filled:	3
	Vacant:	0
	Provider Enrollment	
	Filled:	0.75
	Vacant:	0
	Provider Education/Communications:	
	Filled:	0.5
	Vacant:	0
Other: Not Reported	Filled:	3.5
	Vacant:	0
Strategic Planning		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?:	Yes
	For its managed care program(s)?:	Not Applicable

PREVENTION	
Total number of participating Medicaid providers:	9,204
Number of providers applied for enrollment in Medicaid:	4,413
Number of providers denied enrollment in Medicaid:	1,947
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) Other: Not Reported
State maintains its own list of providers who have been involuntarily dis-enrolled:	No

DETECTION	
State typically extrapolates overpayments:	No
Total number of provider audits conducted:	Desk Audits
	State staff: 367
	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: 0
	Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Total
	State staff: 367
	Contractor staff: 0
	Desk Audits: \$879,791.00
	Field Audits: \$0.00
	Provider Self-Audits: \$0.00
	Combination Desk/Field Audits: \$0.00
	Cost Report Audits: \$0.00
	Total: \$879,791.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	5
Number of referrals made to the MFCU:	5
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: \$879,791.00
	Field Audits: \$0.00
	Provider self-audits: \$0.00
	Combination desk/field audits: \$0.00
	Cost report audits: \$0.00
	Total: \$879,791.00
Total dollars recovered from ALL Medicaid Integrity activities	\$1,283,635.00