



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Montana

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	178,702
	Comprehensive managed care:	Not Reported
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	178,702
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:	Provider Enrollment, Provider Education/Communications Other: Prior-Authorizations/Max units or services	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$564,443.55	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	8
	Vacant:	1
	Investigations:	
	Filled:	Not Reported
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	1
	Vacant:	Not Reported
	Provider Enrollment	
	Filled:	Not Reported
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	Not Reported
	Vacant:	Not Reported
	Other: Not Reported	
	Filled:	Not Reported
	Vacant:	Not Reported
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:	16,350
Number of providers applied for enrollment in Medicaid:	3,281
Number of providers denied enrollment in Medicaid:	20
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), GSA's Excluded Parties List System 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: 484
	Contractor staff: Not Reported
	Field Audits
	State staff: 0
	Contractor staff: 0
	Provider Self-Audits
	State staff: 66
	Contractor staff: Not Reported
	Combination Desk/Field audits
	State staff: Not Reported
	Contractor staff: Not Reported
	Cost report Audits
	State staff: Not Reported
	Contractor staff: Not Reported
	Total
	State staff: 550
	Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:
	\$630,397.34
	Field Audits:
	\$0.00
	Provider Self-Audits:
	\$140,749.08
	Combination Desk/Field Audits:
	\$0.00
Cost Report Audits:	Not Reported
	Total:
	\$771,146.42

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:	\$394,643.17
	Field Audits:	\$0.00
	Provider self-audits:	\$140,749.08
	Combination desk/field audits:	Not Reported
	Cost report audits:	Not Reported
	Total:	\$535,392.25
	Total dollars recovered from ALL Medicaid Integrity activities	\$0.00