



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Tennessee

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: Not Reported Comprehensive managed care: 1,250,000 Primary care case management: Not Reported Other: Not Reported Total: 1,250,000
Organizational structure for Medicaid Integrity activities:	Hybrid Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Not Reported
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications Other: Not Reported
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$14,889,301.00
PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 6 Vacant: Not Reported Investigations: Filled: 0 Vacant: Not Reported SURS/Data Mining: Filled: 10 Vacant: Not Reported Provider Enrollment Filled: 2 Vacant: Not Reported Provider Education/Communications: Filled: 4 Vacant: Not Reported Other: Not Reported Filled: 14 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)?: Yes

PREVENTION	
Total number of participating Medicaid providers:	42,000
Number of providers applied for enrollment in Medicaid:	8,276
Number of providers denied enrollment in Medicaid:	1,181
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, National Practitioners Data Bank, Health Care Integrity Protection Data Bank, On-site visits, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments 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: Not Reported Contractor staff: Not Reported Field Audits State staff: Not Reported Contractor staff: Not Reported Provider Self-Audits State staff: Not Reported Contractor staff: Not Reported Combination Desk/Field audits State staff: 9 Contractor staff: 23,292 Cost report Audits State staff: Not Reported Contractor staff: Not Reported Total State staff: 9 Contractor staff: 23,292
Overpayments (\$) identified as a result of provider audits:	Desk Audits: Not Reported Field Audits: Not Reported Provider Self-Audits: Not Reported Combination Desk/Field Audits: \$9,458,229.17 Cost Report Audits: Not Reported Total: \$9,458,229.17

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	35
Number of referrals made to the MFCU:	131
Provider Suspensions & Sanctions	
State imposes provider payment suspensions due to inappropriate or fraudulent activities:	Yes
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: Not Reported Field Audits: Not Reported Provider self-audits: Not Reported Combination desk/field audits: \$9,458,229.17 Cost report audits: Not Reported Total: \$9,458,229.17
Total dollars recovered from ALL Medicaid Integrity activities	\$62,353,925.00