



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Rhode Island

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	65,348
	Comprehensive managed care:	123,423
	Primary care case management:	2,966
	Other:	Not Reported
	Total:	191,737
Organizational structure for Medicaid Integrity activities:	Hybrid Model	
Activities that the State includes under the scope of Medicaid Integrity:	Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$2,236,000.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	3
	Vacant:	Not Reported
	Investigations:	
	Filled:	8
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	3
	Vacant:	1
	Provider Enrollment	
	Filled:	2
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	5
	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)?:	No
	For its managed care program(s)?:	No

PREVENTION	
Total number of participating Medicaid providers:	14,191
Number of providers applied for enrollment in Medicaid:	2,200
Number of providers denied enrollment in Medicaid:	11
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), On-site visits, Check if provider has another provider number under which the provider made inappropriate payments Other: Medicare Exclusion Database
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: 85
	Contractor staff: 15
	Field Audits
	State staff: 2
	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: 87
	Contractor staff: 15
	Desk Audits: Not Reported
	Field Audits: Not Reported
	Provider Self-Audits: Not Reported
	Combination Desk/Field Audits: \$1,600,000.00
	Cost Report Audits: Not Reported
	Total: \$1,600,000.00

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		6
Number of referrals made to the MFCU:		6
Provider Suspensions & Sanctions		
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:		Not Reported
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:		Yes
State measures cost avoidance dollars due to policy changes:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$1,500,000.00
	Field Audits:	Not Reported
	Provider self-audits:	Not Reported
	Combination desk/field audits:	Not Reported
	Cost report audits:	Not Reported
	Total:	\$1,500,000.00
	Total dollars recovered from ALL Medicaid Integrity activities	
	\$28,000,000.00	