



**FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)**



State of Iowa

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	240,707
	Comprehensive managed care:	4,799
	Primary care case management:	172,928
	Other:	Not Reported
	Total:	418,434
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, Managed care oversight Other: PERM, Member Lock-In	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications Other: Member Lock-In	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$3,343,739.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	10
	Vacant:	0
	Investigations:	
	Filled:	0
	Vacant:	1
	SURS/Data Mining:	
	Filled:	1
	Vacant:	0
	Provider Enrollment	
	Filled:	13
	Vacant:	0
	Provider Education/Communications:	
	Filled:	3
	Vacant:	0
	Other: Not Reported	
	Filled:	12
	Vacant:	0
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:	53,247
Number of providers applied for enrollment in Medicaid:	9,610
Number of providers denied enrollment in Medicaid:	1,662
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, Criminal background investigations Other: MED database
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:	12
	Contractor staff:	440
	Field Audits	
	State staff:	17
	Contractor staff:	7
	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
Total		
	State staff:	29
	Contractor staff:	447
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$731,958.00
	Field Audits:	\$35,331.00
	Provider Self-Audits:	\$0.00
	Combination Desk/Field Audits:	\$0.00
	Cost Report Audits:	\$0.00
	Total:	\$767,289.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	41
Number of referrals made to the MFCU:	45
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:	Yes
State measures cost avoidance dollars due to policy changes:	Yes
Recoveries	
Total recoveries (\$) from provider audits:	
Desk Audits:	\$529,430.00
Field Audits:	\$35,331.00
Provider self-audits:	\$0.00
Combination desk/field audits:	\$0.00
Cost report audits:	\$0.00
Total:	\$564,761.00
Total dollars recovered from ALL Medicaid Integrity activities	\$2,890,519.00