



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



State of Maine

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 327,797
	Comprehensive managed care: Not Reported
	Primary care case management: Not Reported
	Other: Not Reported
	Total: 327,797
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications
	Other: Not Reported
Medicaid Integrity activities that the State contracts out:	None
	Other: none
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$3,724,598.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	
Audits:	
Filled:	28
Vacant:	1
Investigations:	
Filled:	0
Vacant:	0
SURS/Data Mining:	
Filled:	1
Vacant:	0
Provider Enrollment	
Filled:	10
Vacant:	0
Provider Education/Communications:	
Filled:	23
Vacant:	0
Other: Not Reported	
Filled:	9
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)?: Not Applicable

PREVENTION	
Total number of participating Medicaid providers:	37,136
Number of providers applied for enrollment in Medicaid:	2,685
Number of providers denied enrollment in Medicaid:	Info not maintained
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-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:	Yes

DETECTION	
State typically extrapolates overpayments:	Yes
Total number of provider audits conducted:	
Desk Audits	
State staff:	502
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:	505
Contractor staff:	0
Total	
State staff:	1,007
Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	
Desk Audits:	\$15,348,782.72
Field Audits:	Not Reported
Provider Self-Audits:	\$228,341.00
Combination Desk/Field Audits:	Not Reported
Cost Report Audits:	\$20,220,240.00
Total:	\$35,797,363.72

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	14
Number of referrals made to the MFCU:	14
Provider Suspensions & Sanctions	
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:	No
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:	\$10,833,890.24
Field Audits:	Not Reported
Provider self-audits:	Not Reported
Combination desk/field audits:	Not Reported
Cost report audits:	\$0.00
Total:	\$10,833,890.24
Total dollars recovered from ALL Medicaid Integrity activities	\$10,833,890.24