



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Idaho

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	185,571
	Comprehensive managed care:	1,033
	Primary care case management:	0
	Other:	0
	Total:	186,604
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 Education/Communications	
	Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	None	
	Other: None	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$572,053.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	5
	Vacant:	1
	Investigations:	
	Filled:	1
	Vacant:	0
	SURS/Data Mining:	
	Filled:	1
	Vacant:	0
	Provider Enrollment	
	Filled:	0
	Vacant:	0
	Provider Education/Communications:	
	Filled:	0
	Vacant:	0
	Other: Not Reported	
	Filled:	0
	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:	11,160
Number of providers applied for enrollment in Medicaid:	1,889
Number of providers denied enrollment in Medicaid:	0
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, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Ownership disclosure
State maintains its own list of providers who have been involuntarily dis-enrolled:	Not Reported

DETECTION	
State typically extrapolates overpayments:	No
Total number of provider audits conducted:	Desk Audits
	State staff: 284
	Contractor staff: Not Reported
	Field Audits
	State staff: 78
	Contractor staff: Not Reported
	Provider Self-Audits
	State staff: 2
	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: 364
	Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits:
	\$830,755.80
	Field Audits:
	\$1,025,246.08
	Provider Self-Audits:
	\$24,956.53
	Combination Desk/Field Audits:
	Not Reported
	Cost Report Audits:
	Not Reported
Total:	
\$1,880,958.41	

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		7
Number of referrals made to the MFCU:		8
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:		Yes
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:		Yes
State calculates cost avoidance dollars due to changes in payment systems:		No
State measures cost avoidance dollars due to policy changes:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$657,710.63
	Field Audits:	\$835,162.94
	Provider self-audits:	\$12,956.53
	Combination desk/field audits:	Not Reported
	Cost report audits:	Not Reported
	Total:	\$1,505,830.10
Total dollars recovered from ALL Medicaid Integrity activities		\$1,524,789.10