



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 Total State staff: 87 Contractor staff: 15
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: \$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 provider payment suspensions due to inappropriate or fraudulent activities:	Not Reported
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:	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