



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Wyoming

| PROGRAM CHARACTERISTICS | |
|--|---|
| Medicaid Enrollment: | Fee-for-service recipients: 64,051 |
| | Comprehensive managed care: 0 |
| | Primary care case management: 0 |
| | Other: Not Reported |
| | Total: 64,051 |
| 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 Other: Not Reported |
| Medicaid Integrity activities that the State contracts out: | Audits, SURS/Data Mining, Provider Enrollment Other: Not Reported |
| Estimate of expenditures (\$) for Medicaid Integrity activities: | \$547,854.00 |

| PLANNING | |
|---|--|
| Staffing | |
| Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity: | |
| Audits: | Filled: 3.5 Vacant: 1 |
| Investigations: | Filled: 0.75 Vacant: 0 |
| SURS/Data Mining: | Filled: 3 Vacant: 0 |
| Provider Enrollment | Filled: 0.75 Vacant: 0 |
| Provider Education/Communications: | Filled: 0.5 Vacant: 0 |
| Other: Not Reported | Filled: 3.5 Vacant: 0 |
| Strategic Planning | |
| State has a documented strategic plan to address Medicaid Integrity: | For its Fee-For-Service program(s)?: Yes For its managed care program(s)?: Not Applicable |

| PREVENTION | |
|---|---|
| Total number of participating Medicaid providers: | 9,204 |
| Number of providers applied for enrollment in Medicaid: | 4,413 |
| Number of providers denied enrollment in Medicaid: | 1,947 |
| 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) Other: Not Reported |
| 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: 367 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: 0 Contractor staff: 0 |
| Total | State staff: 367 Contractor staff: 0 |
| Overpayments (\$) identified as a result of provider audits: | Desk Audits: \$879,791.00 Field Audits: \$0.00 Provider Self-Audits: \$0.00 Combination Desk/Field Audits: \$0.00 Cost Report Audits: \$0.00 Total: \$879,791.00 |

| INVESTIGATION AND RECOVERY | |
|--|---|
| Referrals to Law Enforcement | |
| Number of referrals accepted by the MFCU: | 5 |
| Number of referrals made to the MFCU: | 5 |
| Provider Suspensions & Sanctions | |
| State imposes provider payment suspensions due to inappropriate or fraudulent activities: | Yes |
| 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: | No |
| State measures cost avoidance dollars due to policy changes: | No |
| Recoveries | |
| Total recoveries (\$) from provider audits: | Desk Audits: \$879,791.00 Field Audits: \$0.00 Provider self-audits: \$0.00 Combination desk/field audits: \$0.00 Cost report audits: \$0.00 Total: \$879,791.00 |
| Total dollars recovered from ALL Medicaid Integrity activities | \$1,283,635.00 |