



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



State of Massachusetts

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	461,896
	Comprehensive managed care:	432,608
	Primary care case management:	287,336
	Other:	40,054
	Total:	1,221,894
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 Enrollment, Provider Education/Communications, Managed care oversight Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$10,000,000.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	Not Reported
	Vacant:	Not Reported
	Investigations:	
	Filled:	Not Reported
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	15
	Vacant:	1
	Provider Enrollment	
	Filled:	17
	Vacant:	Not Reported
	Provider Education/Communications:	
Filled:	7	
Vacant:	Not Reported	
Other:		
Not Reported		
Filled:	5	
Vacant:	Not Reported	
Strategic Planning		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?: Not Applicable For its managed care program(s)?: Not Applicable	

PREVENTION	
Total number of participating Medicaid providers:	31,862
Number of providers applied for enrollment in Medicaid:	4,199
Number of providers denied enrollment in Medicaid:	2,444
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), National Practitioners Data Bank, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments 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:	33
Contractor staff:	Not Reported
Field Audits	
State staff:	Not Reported
Contractor staff:	200
Provider Self-Audits	
State staff:	Not Reported
Contractor staff:	Not Reported
Combination Desk/Field audits	
State staff:	247
Contractor staff:	11
Cost report Audits	
State staff:	Not Reported
Contractor staff:	Not Reported
Total	
State staff:	280
Contractor staff:	211
Overpayments (\$) identified as a result of provider audits:	
Desk Audits:	\$3,109,349.00
Field Audits:	\$18,359,811.00
Provider Self-Audits:	Not Reported
Combination Desk/Field Audits:	\$4,457,904.49
Cost Report Audits:	Not Reported
Total:	\$25,927,064.49

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	5
Number of referrals made to the MFCU:	11
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:	Yes
State measures cost avoidance dollars due to policy changes:	No
Recoveries	
Total recoveries (\$) from provider audits:	
Desk Audits:	\$733,526.00
Field Audits:	\$8,488,427.00
Provider self-audits:	Not Reported
Combination desk/field audits:	\$369,479.50
Cost report audits:	\$3,747,695.00
Total:	\$13,339,127.50
Total dollars recovered from ALL Medicaid Integrity activities	\$48,000,000.00