



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Maryland

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 184,354 Comprehensive managed care: 644,576 Primary care case management: Not Reported Other: 36,380 Total: 865,310
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, Managed care oversight Other: Not Reported
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$3,260,062.00

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	
Audits:	Filled: 14.5 Vacant: 0
Investigations:	Filled: 12.5 Vacant: 0
SURS/Data Mining:	Filled: 4 Vacant: 0
Provider Enrollment	Filled: 6 Vacant: 0
Provider Education/Communications:	Filled: 5.3 Vacant: 0
Other: Not Reported	Filled: 7 Vacant: 1
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:	49,872
Number of providers applied for enrollment in Medicaid:	5,879
Number of providers denied enrollment in Medicaid:	72
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), GSA's Excluded Parties List System, On-site visits, Criminal background investigations, Credentialing, Payroll Tax Records, 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:	No
Total number of provider audits conducted:	
Desk Audits	State staff: 7 Contractor staff: 37
Field Audits	State staff: 30 Contractor staff: 117
Provider Self-Audits	State staff: 4 Contractor staff: 34
Combination Desk/Field audits	State staff: 0 Contractor staff: 12,638
Cost report Audits	State staff: 0 Contractor staff: 0
Total	State staff: 41 Contractor staff: 12,826
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$5,413,923.00 Field Audits: \$6,264,518.00 Provider Self-Audits: \$11,416.00 Combination Desk/Field Audits: \$2,941,039.00 Cost Report Audits: \$0.00 Total: \$14,630,896.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	12
Number of referrals made to the MFCU:	16
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: \$5,413,923.00 Field Audits: \$6,264,518.00 Provider self-audits: \$11,416.00 Combination desk/field audits: \$2,941,039.00 Cost report audits: \$0.00 Total: \$14,630,896.00
Total dollars recovered from ALL Medicaid Integrity activities	\$25,755,966.00