



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



State of Virginia

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 332,679 Comprehensive managed care: 627,824 Primary care case management: 44,658 Other: Not Reported Total: 1,005,161
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, Managed care oversight Other: Service Authorization, TPL, Claimcheck & Prepayment Reviews
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Service Authorization
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$30,239,467.47

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 37 Vacant: 1 Investigations: Filled: 18 Vacant: 3 SURS/Data Mining: Filled: 2 Vacant: 0 Provider Enrollment Filled: 2 Vacant: 0 Provider Education/Communications: Filled: 28 Vacant: 3 Other: Not Reported Filled: 30 Vacant: 1
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)?: Yes

PREVENTION	
Total number of participating Medicaid providers:	40,909
Number of providers applied for enrollment in Medicaid:	10,723
Number of providers denied enrollment in Medicaid:	Data not available
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), Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: effective 10/1/09 all providers were required to complete the full disclosure form before enrollment was allowed
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: 186 Contractor staff: 212 Field Audits State staff: 55 Contractor staff: 150 Provider Self-Audits State staff: 3 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: 244 Contractor staff: 362
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$3,390,515.69 Field Audits: \$9,406,643.14 Provider Self-Audits: \$15,960.00 Combination Desk/Field Audits: Not Reported Cost Report Audits: Not Reported Total: \$12,813,118.83

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	7
Number of referrals made to the MFCU:	12
Provider Suspensions & Sanctions	
State imposes provider payment suspensions due to inappropriate or fraudulent activities:	No
State imposes provider sanctions due to inappropriate or fraudulent activities:	No
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: \$0.00 Field Audits: \$0.00 Provider self-audits: \$0.00 Combination desk/field audits: \$76,589,643.00 Cost report audits: \$19,664,948.00 Total: \$96,254,591.00
Total dollars recovered from ALL Medicaid Integrity activities	\$96,985,033.00