



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Montana

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 178,702 Comprehensive managed care: Not Reported Primary care case management: Not Reported Other: Not Reported Total: 178,702
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:	Provider Enrollment, Provider Education/Communications Other: Prior-Authorizations/Max units or services
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$564,443.55

PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 8 Vacant: 1 Investigations: Filled: Not Reported Vacant: Not Reported SURS/Data Mining: Filled: 1 Vacant: Not Reported Provider Enrollment: Filled: Not Reported Vacant: Not Reported Provider Education/Communications: Filled: Not Reported 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)?: Yes For its managed care program(s)?: Not Applicable

PREVENTION	
Total number of participating Medicaid providers:	16,350
Number of providers applied for enrollment in Medicaid:	3,281
Number of providers denied enrollment in Medicaid:	20
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 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: 484 Contractor staff: Not Reported Field Audits State staff: 0 Contractor staff: 0 Provider Self-Audits State staff: 66 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: 550 Contractor staff: 0
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$630,397.34 Field Audits: \$0.00 Provider Self-Audits: \$140,749.08 Combination Desk/Field Audits: \$0.00 Cost Report Audits: Not Reported Total: \$771,146.42

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: \$394,643.17 Field Audits: \$0.00 Provider self-audits: \$140,749.08 Combination desk/field audits: Not Reported Cost report audits: Not Reported Total: \$535,392.25
Total dollars recovered from ALL Medicaid Integrity activities	\$0.00