



**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		
<b>Staffing</b>		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	<b>Audits:</b>	
	Filled:	14.5
	Vacant:	0
	<b>Investigations:</b>	
	Filled:	12.5
	Vacant:	0
	<b>SURS/Data Mining:</b>	
	Filled:	4
	Vacant:	0
	<b>Provider Enrollment</b>	
	Filled:	6
	Vacant:	0
	<b>Provider Education/Communications:</b>	
	Filled:	5.3
	Vacant:	0
	<b>Other: Not Reported</b>	
	Filled:	7
	Vacant:	1
<b>Strategic Planning</b>		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?:	<b>No</b>
	For its managed care program(s)?:	<b>Not Applicable</b>

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		
<b>Referrals to Law Enforcement</b>		
Number of referrals accepted by the MFCU:		12
Number of referrals made to the MFCU:		16
<b>Provider Suspensions &amp; Sanctions</b>		
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:		Yes
State imposes <u>provider sanctions</u> due to inappropriate or fraudulent activities:		Yes
<b>Cost Avoidance</b>		
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
<b>Recoveries</b>		
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