



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



**State of Virginia**

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

PLANNING		
<b>Staffing</b>		
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b>	
	Filled:	37
	Vacant:	1
	<b>Investigations:</b>	
	Filled:	18
	Vacant:	3
	<b>SURS/Data Mining:</b>	
	Filled:	2
	Vacant:	0
	<b>Provider Enrollment</b>	
	Filled:	2
	Vacant:	0
	<b>Provider Education/Communications:</b>	
	Filled:	28
	Vacant:	3
	<b>Other: Not Reported</b>	
	Filled:	30
	Vacant:	1
<b>Strategic Planning</b>		
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?:	<b>Yes</b>
	For its managed care program(s)?:	<b>Yes</b>

PREVENTION	
<b>Total number of participating Medicaid providers:</b>	<b>40,909</b>
<b>Number of providers applied for enrollment in Medicaid:</b>	<b>10,723</b>
<b>Number of providers denied enrollment in Medicaid:</b>	Data not available
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	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
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	<b>Yes</b>

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		
<b>Referrals to Law Enforcement</b>		
<b>Number of referrals accepted by the MFCU:</b>		<b>7</b>
<b>Number of referrals made to the MFCU:</b>		<b>12</b>
<b>Provider Suspensions &amp; Sanctions</b>		
<b>State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:</b>		<b>No</b>
<b>State imposes <u>provider sanctions</u> due to inappropriate or fraudulent activities:</b>		<b>No</b>
<b>Cost Avoidance</b>		
<b>State calculates the dollars cost avoided from terminating providers:</b>		<b>No</b>
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>		<b>No</b>
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>		<b>No</b>
<b>State measures cost avoidance dollars due to policy changes:</b>		<b>No</b>
<b>Recoveries</b>		
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b>	\$0.00
	<b>Field Audits:</b>	\$0.00
	<b>Provider self-audits:</b>	\$0.00
	<b>Combination desk/field audits:</b>	\$76,589,643.00
	<b>Cost report audits:</b>	\$19,664,948.00
	<b>Total:</b>	\$96,254,591.00
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>		<b>\$96,985,033.00</b>