



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of West Virginia

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	393,187
	Comprehensive managed care:	Not Reported
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	393,187
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: Not Reported	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, Provider Enrollment, Provider Education/Communications Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$603,904.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	7
	Vacant:	0
	Investigations:	
	Filled:	7
	Vacant:	0
	SURS/Data Mining:	
	Filled:	7
	Vacant:	0
	Provider Enrollment	
	Filled:	8
	Vacant:	0
	Provider Education/Communications:	
	Filled:	8
	Vacant:	0
	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)?:	Yes

PREVENTION		
Total number of participating Medicaid providers:		23,120
Number of providers applied for enrollment in Medicaid:		2,688
Number of providers denied enrollment in Medicaid:		2,257
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)	
	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:	191
	Contractor staff:	136
	Field Audits	
	State staff:	Not Reported
	Contractor staff:	Not Reported
	Provider Self-Audits	
	State staff:	Not Reported
	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
Overpayments (\$) identified as a result of provider audits:	Total	
	State staff:	191
	Contractor staff:	136
	Desk Audits:	
	\$0.00	
	Field Audits:	
	Not Reported	
	Provider Self-Audits:	
	Not Reported	
	Combination Desk/Field Audits:	
	Not Reported	
	Cost Report Audits:	
	Not Reported	
	Total:	
	\$0.00	

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		7
Number of referrals made to the MFCU:		7
Provider Suspensions & Sanctions		
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:		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:	Not Reported
	Provider self-audits:	Not Reported
	Combination desk/field audits:	Not Reported
	Cost report audits:	Not Reported
	Total:	\$1,349,591.55
	Total dollars recovered from ALL Medicaid Integrity activities	
	\$9,772,822.95	