



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



State of Vermont

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	34,895
	Comprehensive managed care:	Not Reported
	Primary care case management:	93,928
	Other:	Not Reported
	Total:	128,823
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 Education/Communications	
	Other: Not Reported	
Medicaid Integrity activities that the State contracts out:	Other	
	Other: additional data mining - Ingenix	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$1,447,712.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	1.5
	Vacant:	Not Reported
	Investigations:	
	Filled:	1.5
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	Not Reported
	Vacant:	Not Reported
	Provider Enrollment	
	Filled:	Not Reported
	Vacant:	Not Reported
	Provider Education/Communications:	
	Filled:	Not Reported
	Vacant:	Not Reported
	Other: Not Reported	
	Filled:	1
	Vacant:	Not Reported
Strategic Planning		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?:	No
	For its managed care program(s)?:	No

PREVENTION		
Total number of participating Medicaid providers:		11,664
Number of providers applied for enrollment in Medicaid:		1,359
Number of providers denied enrollment in Medicaid:		0
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, 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:	358
	Contractor staff:	0
	Field Audits	
	State staff:	0
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	9
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	2
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	Not Reported
Overpayments (\$) identified as a result of provider audits:	Total	
	State staff:	369
	Contractor staff:	0
	Desk Audits:	\$1,815,910.90
	Field Audits:	Not Reported
	Provider Self-Audits:	Not Reported
	Combination Desk/Field Audits:	Not Reported
	Cost Report Audits:	Not Reported
	Total:	\$1,815,910.90

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		5
	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:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$1,626,119.22
	Field Audits:	Not Reported
	Provider self-audits:	Not Reported
	Combination desk/field audits:	Not Reported
	Cost report audits:	Not Reported
	Total:	\$1,626,119.22
	Total dollars recovered from ALL Medicaid Integrity activities	\$2,932,996.81