



STATE PROGRAM INTEGRITY ASSESSMENT

Federal Fiscal Year 2007 Executive Summary



The State Program Integrity Assessment (SPIA) is the Centers for Medicare & Medicaid Services (CMS)' first national data collection on State Medicaid program integrity activities for the purposes of program evaluation and technical assistance support. CMS will use the data from SPIA to develop descriptive reports for each State, identify areas to provide States with technical support and assistance, and assess States' performance over time. The data are based on self-reports from States, collected via an online data collection instrument that includes questions on State Medicaid integrity program characteristics; planning, prevention, detection, investigation and recovery activities; and technical assistance needs. The publication of Federal Fiscal Year 2007 SPIA data establishes the first State-by-State baseline measurement of program integrity activity. A high-level summary of key data elements is provided in the tables below.¹

Organizational Structure for Medicaid Integrity Activities	
	# of States
Distinct Program Integrity Model	27
Inspector General (IG) Model	7
Hybrid Model	16

Activities the State includes under Medicaid Integrity	
	# of States
Audits	46
Investigations	46
SURS/Data Mining	50
Provider Enrollment	31
Provider Education/Communications	35
Managed Care Oversight	25
Other	21

Medicaid Integrity Activities that the State Contracts Out	
	# of States
Audits	21
Investigations	12
SURS/Data Mining	20
Provider Enrollment	22
Provider Education/Communications	17
Managed Care Oversight	9
Other	19

Medicaid Integrity Staffing (Total Filled FTEs)¹	
	# of States
3 - 25	20
26 - 50	11
51 - 75	11
76 - 1,247.25	8

Average Number of Medicaid Integrity Staff (Filled FTEs): 76

Grand Total of Medicaid Integrity Staffing (Filled FTEs): 3,798.56

Estimate of Total Expenditures for Medicaid Integrity Activities	
	# of States
\$284,882.21 - \$1,000,000.00	9
\$1,000,000.01 - \$2,000,000.00	8
\$2,000,000.01 - \$5,000,000.00	11
\$5,000,000.01 - \$44,359,560.00	10

Average Total Expenditures for Medicaid Integrity Activities: \$4,766,323.02

Grand Total of Expenditures for Medicaid Integrity Activities: \$181,120,274.76

¹ NOTE: There may some overlap in reporting of FTE numbers (i.e., the same staff may serve multiple functions)



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Number of Referrals Accepted by the MFCU	
	# of States
2 – 10	20
11 – 20	12
21 – 40	5
41 – 404	7

Average Number of Referrals Accepted by the MFCU: 32
Grand Total of Referrals Accepted by the MFCU: 1,400

Number of Referrals Made to the MFCU	
	# of States
1 – 10	18
11 – 20	12
21 – 50	9
51 – 762	9

Average Number of Referrals Made to the MFCU: 63
Grand Total of Referrals Made to the MFCU: 3,043

Total Number of Provider Audits Conducted	
	# of States
8 – 200	13
201 – 500	8
501 – 2,000	11
2,001 – 16,681	11

Average Number of Provider Audits Conducted: 1,284
Grand Total of Provider Audits Conducted: 55,229

Overpayments Identified as a Result of Provider Audits	
	# of States
\$5,168.01 - \$750,000.00	11
\$750,000.01 - \$5,000,000.00	11
\$5,000,000.01 - \$20,000,000.00	15
\$20,000,000.01 - \$173,341,655.00	6

Average Overpayments Identified as a result of Provider Audits: \$13,448,399.59
Grand Total of Overpayments Identified as a result of Provider Audits: \$566,512,782.87

Total Recoveries from Provider Audits	
	# of States
\$117,276.58- \$600,000.00	11
\$600,000.01 - \$3,000,000.00	10
\$3,000,000.01 - \$14,000,000.00	11
\$14,000,000.01 - \$162,455,640.48	10

Average Total Recoveries from Provider Audits: \$27,998,037.49
Grand Total of Recoveries from Provider Audits: \$594,699,810.87

Total Recoveries from all Medicaid Integrity Activities	
	# of States
\$180,732.24 - \$2,500,00.00	12
\$2,500,000.01 - \$10,000,000.00	11
\$10,000,000.01 - \$20,000,000.00	10
\$20,000,000.01 - \$418,079,369.00	13

Average Total Recoveries from all Medicaid Integrity Activities: \$28,798,972.64
Grand Total of Recoveries from all Medicaid Integrity Activities: \$1,324,752,741.54



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State Typically Extrapolates Overpayments	
	# of States
Yes	19
No	32

State calculates the dollars cost avoided from terminating providers	
	# of States
Yes	11
No	39

State calculates dollars cost avoided from providers that withdrew due to program integrity concerns	
	# of States
Yes	3
No	48

State calculates cost avoidance dollars due to changes in payment systems	
	# of States
Yes	12
No	37

State measures cost avoidance dollars due to policy changes	
	# of States
Yes	16
No	32

¹ NOTE: Data do not include blank responses or States reporting "0".