



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Indiana

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	672,476
	Comprehensive managed care:	871,971
	Primary care case management:	0
	Other:	62,029
	Total:	1,606,476
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	
	Other: TPL and Prepayment Review	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications	
	Other: NA	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$16,902,699.82
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	11.00
	Vacant:	8.50
	Investigations:	
	Filled:	6.00
	Vacant:	4.50
	SURS/Data Mining:	
	Filled:	2.00
	Vacant:	1.00
	Provider Enrollment	
	Filled:	13.50
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	12.00
	Vacant:	0.00
	Other: NA	
	Filled:	0.00
	Vacant:	0.00
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:		35,339
Number of providers applied for enrollment in Medicaid:		5,524
Number of providers denied enrollment in Medicaid:		8
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), Check if provider has another provider number under which the provider made inappropriate payments, Other: NA	
State maintains its own list of providers who have been involuntarily dis-enrolled:		No
Detection		
State typically extrapolates overpayments:		Yes
Total number of provider audits conducted:	Desk Audits	
	State staff:	15
	Contractor staff:	4,863
	Field Audits	
	State staff:	532
	Contractor staff:	6
	Provider Self-Audits	
	State staff:	43
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	67
	Contractor staff:	8
	Cost report Audits	
	State staff:	1,012
	Contractor staff:	0
	Total	
	State staff:	1,669
	Contractor staff:	4,877
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$3,052,049.00
	Field Audits:	\$286,109.00
	Provider Self-Audits:	\$391,332.00
	Combination Desk/Field Audits:	\$ 0.00
	Cost Report Audits:	\$1,725,400.00
	Total:	\$5,454,890.00

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		17
Number of referrals made to the MFCU:		22
Provider Suspensions & Sanctions		
State imposes provider payment suspensions due to inappropriate or fraudulent activities:		No
State imposes provider sanctions due to inappropriate or fraudulent activities:		Yes
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:	\$128,235.00
	Field Audits:	\$2,632,240.00
	Provider self-audits:	\$ 56.00
	Combination desk/field audits:	\$4,490,064.00
	Cost report audits:	\$ 0.00
	Total:	\$7,250,595.00
Total dollars recovered from ALL Medicaid Integrity activities	\$73,370,642.00	