



Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



State of Michigan

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients: 844,740 Comprehensive managed care: 1,178,043 Primary care case management: 0 Other: 0 Total: 2,022,783	
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, Managed care oversight, Other Other: The Managed care oversight provided under the scope of Medicaid Integrity is one section (6) of the site tool	
Medicaid Integrity activities that the State contracts out:	Audits Other: NA	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$ 0.00
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 0.00 Vacant: 0.00 Investigations: Filled: 0.00 Vacant: 0.00 SURS/Data Mining: Filled: 3.00 Vacant: 0.00 Provider Enrollment Filled: 0.00 Vacant: 0.00 Provider Education/Communications: Filled: 0.00 Vacant: 0.00 Other: NR Filled: 17.00 Vacant: 5.00	
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:		53,016
Number of providers applied for enrollment in Medicaid:		4,163
Number of providers denied enrollment in Medicaid:		157
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), GSA's Excluded Parties List System, On-site visits, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: On-Site Visits performed for Clinical Laboratories	
State maintains its own list of providers who have been involuntarily dis-enrolled:		Yes
Detection		
State typically extrapolates overpayments:		Yes
Total number of provider audits conducted:	Desk Audits State staff: 0 Contractor staff: 0 Field Audits State staff: 7 Contractor staff: 30 Provider Self-Audits State staff: 72 Contractor staff: 0 Combination Desk/Field audits State staff: 251 Contractor staff: 0 Cost report Audits State staff: 0 Contractor staff: 0 Total State staff: 330 Contractor staff: 30	
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$194,293.54 Field Audits: \$7,122,825.52 Provider Self-Audits: \$154,599.00 Combination Desk/Field Audits: \$214,649.95 Cost Report Audits: \$ 0.00 Total: \$7,686,368.01	

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		63
Number of referrals made to the MFCU:		63
Provider Suspensions & Sanctions		
State imposes provider payment suspensions due to inappropriate or fraudulent activities:		Yes
State imposes provider sanctions due to inappropriate or fraudulent activities:		Yes
Cost Avoidance		
State calculates the dollars cost avoided from terminating providers:		NR
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:		NR
State calculates cost avoidance dollars due to changes in payment systems:		NR
State measures cost avoidance dollars due to policy changes:		NR
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits: \$194,293.54 Field Audits: \$1,200,354.81 Provider self-audits: \$154,599.00 Combination desk/field audits: \$214,649.95 Cost report audits: \$ 0.00 Total: \$1,763,897.30	
Total dollars recovered from ALL Medicaid Integrity activities		\$30,855,207.30