



# Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



## State of Florida

Program Characteristics		
<b>Medicaid Enrollment:</b>	Fee-for-service recipients:	1,114,019
	Comprehensive managed care:	1,310,093
	Primary care case management:	603,550
	Other:	0
	Total:	3,027,662
<b>Organizational structure for Medicaid Integrity activities:</b>	Inspector General (IG) Model	
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: NA	
<b>Medicaid Integrity activities that the State contracts out:</b>	Other Other: TPL vendor also performs generalized analyses which result in recoveries	
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>		\$14,199,748.00
Planning		
Staffing		
<b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b>	<b>Audits:</b>	
	Filled:	53.00
	Vacant:	0.00
	<b>Investigations:</b>	
	Filled:	5.00
	Vacant:	0.00
	<b>SURS/Data Mining:</b>	
	Filled:	14.00
	Vacant:	0.00
	<b>Provider Enrollment</b>	
	Filled:	1.00
	Vacant:	0.00
	<b>Provider Education/Communications:</b>	
	Filled:	3.00
	Vacant:	0.00
	<b>Other: NR</b>	
	Filled:	36.00
	Vacant:	0.00
Strategic Planning		
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?	Yes
	For its managed care program(s)?	Yes

Prevention		
<b>Total number of participating Medicaid providers:</b>		75,356
<b>Number of providers applied for enrollment in Medicaid:</b>		16,988
<b>Number of providers denied enrollment in Medicaid:</b>		2,091
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: NA	
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>		Yes
Detection		
<b>State typically extrapolates overpayments:</b>		Yes
<b>Total number of provider audits conducted:</b>	<b>Desk Audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Field Audits</b>	
	State staff:	0
	Contractor staff:	0
	<b>Provider Self-Audits</b>	
	State staff:	177
	Contractor staff:	0
	<b>Combination Desk/Field audits</b>	
	State staff:	3,364
	Contractor staff:	0
	<b>Cost report Audits</b>	
	State staff:	0
	Contractor staff:	94
	<b>Total</b>	
	State staff:	3,541
	Contractor staff:	94
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b>	\$ 0.00
	<b>Field Audits:</b>	\$ 0.00
	<b>Provider Self-Audits:</b>	\$6,917,019.44
	<b>Combination Desk/Field Audits:</b>	\$32,094,137.87
	<b>Cost Report Audits:</b>	\$9,009,904.00
	<b>Total:</b>	\$48,021,061.31

Investigation and Recovery		
Referrals to Law Enforcement		
<b>Number of referrals accepted by the MFCU:</b>		80
<b>Number of referrals made to the MFCU:</b>		80
Provider Suspensions & Sanctions		
<b>State imposes provider payment suspensions due to inappropriate or fraudulent activities:</b>		Yes
<b>State imposes provider sanctions due to inappropriate or fraudulent activities:</b>		Yes
Cost Avoidance		
<b>State calculates the dollars cost avoided from terminating providers:</b>		Yes
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>		No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>		No
<b>State measures cost avoidance dollars due to policy changes:</b>		Yes
Recoveries		
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b>	\$ 0.00
	<b>Field Audits:</b>	\$ 0.00
	<b>Provider self-audits:</b>	\$9,751,044.69
	<b>Combination desk/field audits:</b>	\$26,649,334.55
	<b>Cost report audits:</b>	\$8,258,663.73
	<b>Total:</b>	\$44,659,042.97
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>		\$91,400,000.00