



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



## State of New York

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	1,187,180
	Comprehensive managed care:	3,193,067
	Primary care case management:	15,426
	Other:	33,344
	Total:	4,429,017
Organizational structure for Medicaid Integrity activities:	Inspector General (IG) 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: Third Party Liability, Restricted Recipient Program	
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Other	
	Other: Development and maintenance of the Fraud Activity Comprehensive Tracking System; IT support and design; purchase of portable Card Swipe devices	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$64,577,312.00
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	299.00
	Vacant:	70.00
	Investigations:	
	Filled:	110.25
	Vacant:	26.75
	SURS/Data Mining:	
	Filled:	27.95
	Vacant:	6.05
	Provider Enrollment	
	Filled:	4.90
	Vacant:	0.10
	Provider Education/Communications:	
	Filled:	2.00
	Vacant:	1.00
	Other: NR	
Filled:	153.30	
Vacant:	27.70	
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:		113,516
Number of providers applied for enrollment in Medicaid:		16,062
Number of providers denied enrollment in Medicaid:		135
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, Choice Point or Lexis-Nexis reviews, On-site visits, Credentialing, Payroll Tax Records, Check if provider has another provider number under which the provider made inappropriate payments  Other: NYS OMIG Disqualified Provider List; NYS Database Sanction List for Out-of-State Providers; Undercover Operations	
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:	2,579
	Contractor staff:	0
	Field Audits	
	State staff:	174
	Contractor staff:	106
	Provider Self-Audits	
	State staff:	154
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	5
	Contractor staff:	0
	Cost report Audits	
	State staff:	55
	Contractor staff:	0
	Total	
	State staff:	2,967
	Contractor staff:	106
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$68,845,057.00
	Field Audits:	\$49,031,561.00
	Provider Self-Audits:	\$26,696,557.00
	Combination Desk/Field Audits:	\$2,607,183.00
	Cost Report Audits:	\$15,828,063.00
	Total:	\$163,008,421.00

Investigation and Recovery		
<b>Referrals to Law Enforcement</b>		
<b>Number of referrals accepted by the MFCU:</b>		37
<b>Number of referrals made to the MFCU:</b>		121
<b>Provider Suspensions &amp; Sanctions</b>		
<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	
<b>Cost Avoidance</b>		
<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>	No	
<b>Recoveries</b>		
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b>	\$81,510,694.00
	<b>Field Audits:</b>	\$34,542,574.00
	<b>Provider self-audits:</b>	\$12,150,087.00
	<b>Combination desk/field audits:</b>	\$2,447,208.00
	<b>Cost report audits:</b>	\$22,761,986.00
	<b>Total:</b>	\$153,412,549.00
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>	\$410,756,526.00	