



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Illinois

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	716,495
	Comprehensive managed care:	262,539
	Primary care case management:	2,153,864
	Other:	0
	Total:	3,132,898
Organizational structure for Medicaid Integrity activities:	Inspector General (IG) Model	
Activities that the State includes under the scope of Medicaid Integrity:	Audits, SURS/Data Mining, Other Other: Administrative Litigation, Administrative Services, Fraud and Abuse Executive, Special Provider Audits, Administration. All of these activities noted in #8 are within the Office of Inspector General	
Medicaid Integrity activities that the State contracts out:	Audits, Other Other: Contractual SAS Programmer, Medicaid Transformation Grant contractors	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$8,159,595.71
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	44.00
	Vacant:	0.00
	Investigations:	
	Filled:	0.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	19.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	0.00
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NR	
	Filled:	55.00
	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:		99,269
Number of providers applied for enrollment in Medicaid:		11,808
Number of providers denied enrollment in Medicaid:		6,346
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), 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	
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:	35
	Contractor staff:	0
	Field Audits	
	State staff:	91
	Contractor staff:	157
	Provider Self-Audits	
	State staff:	0
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	0
	Total	
	State staff:	126
	Contractor staff:	157
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$16,689.95
	Field Audits:	\$19,259,392.88
	Provider Self-Audits:	\$59,545.64
	Combination Desk/Field Audits:	
		\$ 0.00
	Cost Report Audits:	\$ 0.00
	Total:	\$19,335,628.47

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		18
Number of referrals made to the MFCU:		51
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:		Yes
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:		Yes
State calculates cost avoidance dollars due to changes in payment systems:		Yes
State measures cost avoidance dollars due to policy changes:		No
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$210,275.49
	Field Audits:	\$8,615,704.07
	Provider self-audits:	\$88,358.27
	Combination desk/field audits:	
		\$ 0.00
	Cost report audits:	\$ 0.00
	Total:	\$8,914,337.83
Total dollars recovered from ALL Medicaid Integrity activities		\$45,430,093.71