



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



## State of South Carolina

| Program Characteristics   |   |                |
|---|---|----------------|
| <b>Medicaid Enrollment:</b>   | Fee-for-service recipients:   | 337,931        |
|   | Comprehensive managed care:   | 392,782        |
|   | Primary care case management:   | 0              |
|   | Other:  | 111,345        |
|   | Total:  | 842,058        |
| <b>Organizational structure for Medicaid Integrity activities:</b>  | Distinct Program Integrity Model  |                |
| <b>Activities that the State includes under the scope of Medicaid Integrity:</b>                                    | Audits, Investigations, SURS/Data Mining, Managed care oversight, Other |                |
|   | Other: Recipient lock-in, exclusions                                    |                |
| <b>Medicaid Integrity activities that the State contracts out:</b>  | Audits, Investigations, Provider Enrollment                             |                |
|   | Other: NA   |                |
| <b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>   |   | \$3,000,000.00 |
| Planning  |   |                |
| <b>Staffing</b>   |   |                |
| <b>Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:</b> | <b>Audits:</b>  |                |
|   | Filled:   | 19.00          |
|   | Vacant:   | 3.00           |
|   | <b>Investigations:</b>  |                |
|   | Filled:   | 0.00           |
|   | Vacant:   | 0.00           |
|   | <b>SURS/Data Mining:</b>  |                |
|   | Filled:   | 3.00           |
|   | Vacant:   | 0.00           |
|   | <b>Provider Enrollment</b>  |                |
|   | Filled:   | 0.00           |
|   | Vacant:   | 0.00           |
|   | <b>Provider Education/Communications:</b>                               |                |
|   | Filled:   | 0.00           |
|   | Vacant:   | 0.00           |
|   | <b>Other: NA</b>  |                |
|   | Filled:   | 0.00           |
|   | Vacant:   | 0.00           |
| <b>Strategic Planning</b>   |   |                |
| <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)?:                                       | No             |

| Prevention  |   |                |
|---|---|----------------|
| <b>Total number of participating Medicaid providers:</b>  |   | 30,946         |
| <b>Number of providers applied for enrollment in Medicaid:</b>  |   | 0              |
| <b>Number of providers denied enrollment in Medicaid:</b>   |   | 0              |
| <b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b> | 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, Credentialing |                |
|   | Other: MCOs credential network providers  |                |
| <b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>                |   | Yes            |
| Detection   |   |                |
| <b>State typically extrapolates overpayments:</b>   |   | No             |
| <b>Total number of provider audits conducted:</b>   | <b>Desk Audits</b>  |                |
|   | State staff:  | 0              |
|   | Contractor staff:   | 0              |
|   | <b>Field Audits</b>   |                |
|   | State staff:  | 118            |
|   | Contractor staff:   | 0              |
|   | <b>Provider Self-Audits</b>   |                |
|   | State staff:  | 154            |
|   | Contractor staff:   | 0              |
|   | <b>Combination Desk/Field audits</b>  |                |
|   | State staff:  | 0              |
|   | Contractor staff:   | 0              |
|   | <b>Cost report Audits</b>   |                |
|   | State staff:  | 0              |
|   | Contractor staff:   | 0              |
|   | <b>Total</b>  |                |
|   | State staff:  | 272            |
|   | Contractor staff:   | 0              |
| <b>Overpayments (\$) identified as a result of provider audits:</b>                                       | <b>Desk Audits:</b>   | \$4,809,572.00 |
|   | <b>Field Audits:</b>  | \$3,859,726.00 |
|   | <b>Provider Self-Audits:</b>  | \$469,245.00   |
|   | <b>Combination Desk/Field Audits:</b>   | \$ 0.00        |
|   | <b>Cost Report Audits:</b>  | \$ 0.00        |
|   | <b>Total:</b>   | \$9,138,543.00 |

| Investigation and Recovery   |                                       |                 |
|--|---------------------------------------|-----------------|
| <b>Referrals to Law Enforcement</b>  |                                       |                 |
| <b>Number of referrals accepted by the MFCU:</b>   |                                       | 14              |
| <b>Number of referrals made to the MFCU:</b>   |                                       | 14              |
| <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>                                     |                                       | No              |
| <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>                   | \$1,212,649.00  |
|  | <b>Field Audits:</b>                  | \$976,839.00    |
|  | <b>Provider self-audits:</b>          | \$2,308,650.00  |
|  | <b>Combination desk/field audits:</b> | \$ 0.00         |
|  | <b>Cost report audits:</b>            | \$ 0.00         |
|  | <b>Total:</b>                         | \$4,498,138.00  |
| <b>Total dollars recovered from ALL Medicaid Integrity activities</b>  |                                       | \$23,084,712.00 |