



Federal Fiscal Year 2010 State Program Integrity Assessment (SPIA)



State of Hawaii

| Program Characteristics | | |
|---|---|--------------|
| Medicaid Enrollment: | Fee-for-service recipients: | 2,170 |
| | Comprehensive managed care: | 259,266 |
| | Primary care case management: | 0 |
| | Other: | 0 |
| | Total: | 262,548 |
| Organizational structure for Medicaid Integrity activities: | Hybrid Model | |
| Activities that the State includes under the scope of Medicaid Integrity: | Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight | |
| | Other: NA | |
| Medicaid Integrity activities that the State contracts out: | Provider Education/Communications | |
| | Other: NA | |
| Estimate of expenditures (\$) for Medicaid Integrity activities: | | \$858,000.00 |
| 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: | 1.00 |
| | SURS/Data Mining: | |
| | Filled: | 2.00 |
| | Vacant: | 2.00 |
| | Provider Enrollment | |
| | Filled: | 4.00 |
| | Vacant: | 0.00 |
| | Provider Education/Communications: | |
| | Filled: | 0.00 |
| | Vacant: | 0.00 |
| | Other: NR | |
| | Filled: | 10.00 |
| | Vacant: | 9.00 |
| 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: | | 6,356 |
| Number of providers applied for enrollment in Medicaid: | | 486 |
| Number of providers denied enrollment in Medicaid: | | 0 |
| Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers: | In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), Credentialing Other: NA | |
| State maintains its own list of providers who have been involuntarily dis-enrolled: | | Yes |
| Detection | | |
| State typically extrapolates overpayments: | | No |
| Total number of provider audits conducted: | Desk Audits | |
| | State staff: | 23 |
| | Contractor staff: | 0 |
| | Field Audits | |
| | State staff: | 0 |
| | Contractor staff: | 0 |
| | Provider Self-Audits | |
| | State staff: | 0 |
| | Contractor staff: | 0 |
| | Combination Desk/Field audits | |
| | State staff: | 23 |
| | Contractor staff: | 0 |
| | Cost report Audits | |
| | State staff: | 0 |
| | Contractor staff: | 0 |
| Total | State staff: | 46 |
| | Contractor staff: | 0 |
| | | |
| Overpayments (\$) identified as a result of provider audits: | Desk Audits: | \$1,077,079.00 |
| | Field Audits: | \$ 0.00 |
| | Provider Self-Audits: | \$ 0.00 |
| | Combination Desk/Field Audits: | \$ 0.00 |
| | Cost Report Audits: | \$239,575.00 |
| | Total: | \$1,316,654.00 |

| Investigation and Recovery | | |
|---|--------------------------------|-----------------|
| Referrals to Law Enforcement | | |
| Number of referrals accepted by the MFCU: | | 3 |
| Number of referrals made to the MFCU: | | 4 |
| 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: | No | |
| State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns: | No | |
| State calculates cost avoidance dollars due to changes in payment systems: | No | |
| State measures cost avoidance dollars due to policy changes: | No | |
| Recoveries | | |
| Total recoveries (\$) from provider audits: | Desk Audits: | \$1,873.00 |
| | Field Audits: | \$ 0.00 |
| | Provider self-audits: | \$ 0.00 |
| | Combination desk/field audits: | \$ 0.00 |
| | Cost report audits: | \$239,575.00 |
| | Total: | \$241,448.00 |
| Total dollars recovered from ALL Medicaid Integrity activities | | \$73,590,530.00 |