



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Kentucky

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	660,515
	Comprehensive managed care:	155,126
	Primary care case management:	340,538
	Other:	683,272
	Total:	815,641
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	
	Other: TPL	
Medicaid Integrity activities that the State contracts out:	Audits, SURS/Data Mining, Provider Education/Communications, Other	
	Other: TPL Commercial Insurance Billings, Data Matching, Subrogation and Estate Cases, Medicare Recoupments, Credit Balance Audits, KHIPP	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$8,266,486.92
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	6.00
	Vacant:	1.00
	Investigations:	
	Filled:	14.00
	Vacant:	3.00
	SURS/Data Mining:	
	Filled:	6.00
	Vacant:	1.00
	Provider Enrollment	
	Filled:	13.00
	Vacant:	2.00
	Provider Education/Communications:	
	Filled:	0.00
	Vacant:	0.00
	Other: NR	
	Filled:	3.00
	Vacant:	1.00
Strategic Planning		
State has a documented strategic plan to address Medicaid Integrity:	For its Fee-For-Service program(s)?:	No
	For its managed care program(s)?:	No

Prevention		
Total number of participating Medicaid providers:		45,950
Number of providers applied for enrollment in Medicaid:		8,607
Number of providers denied enrollment in Medicaid:		4
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, National Practitioners Data Bank, Health Care Integrity Protection Data Bank, 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:	85
	Contractor staff:	45
	Field Audits	
	State staff:	17
	Contractor staff:	11
	Provider Self-Audits	
	State staff:	0
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	501
	Contractor staff:	40
	Cost report Audits	
	State staff:	6
	Contractor staff:	0
	Total	
	State staff:	609
	Contractor staff:	96
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$1,886,046.78
	Field Audits:	\$1,550,143.65
	Provider Self-Audits:	\$ 0.00
	Combination Desk/Field Audits:	
		\$1,864,806.56
	Cost Report Audits:	\$ 0.00
	Total:	\$5,300,996.99

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		3
Number of referrals made to the MFCU:		10
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:	\$1,576,987.06
	Field Audits:	\$371,770.64
	Provider self-audits:	\$ 0.00
	Combination desk/field audits:	
		\$99,990.30
Total dollars recovered from ALL Medicaid Integrity activities	Cost report audits:	\$ 0.00
	Total:	\$2,048,748.00
		\$17,882,667.11