



Federal Fiscal Year 2010
State Program Integrity Assessment (SPIA)



State of Ohio

Program Characteristics		
Medicaid Enrollment:	Fee-for-service recipients:	459,287
	Comprehensive managed care:	1,588,969
	Primary care case management:	0
	Other:	0
	Total:	2,048,256
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, Provider Education/Communications, Managed care oversight, Other Other: TPL, Prior Authorization, Provider Network Mgt., Clinical Operations, Cost Avoidance, Payment Edits	
Medicaid Integrity activities that the State contracts out:	Audits, Other Other: Hospital Claims, RAC	
Estimate of expenditures (\$) for Medicaid Integrity activities:		\$14,824,044.99
Planning		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	40.00
	Vacant:	0.00
	Investigations:	
	Filled:	57.00
	Vacant:	0.00
	SURS/Data Mining:	
	Filled:	19.00
	Vacant:	0.00
	Provider Enrollment	
	Filled:	3.00
	Vacant:	0.00
	Provider Education/Communications:	
	Filled:	8.00
	Vacant:	0.00
	Other: NR	
	Filled:	33.00
	Vacant:	0.00
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:		88,948
Number of providers applied for enrollment in Medicaid:		15,326
Number of providers denied enrollment in Medicaid:		8
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, Criminal background investigations, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: Nurse Aide Registry, Ohio Abuse Registry, State of Ohio Auditor's Website, Social Security Number Verification, Identity Verification	
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:	0
	Contractor staff:	0
	Field Audits	
	State staff:	1
	Contractor staff:	6
	Provider Self-Audits	
	State staff:	39
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	12,060
	Cost report Audits	
	State staff:	0
	Contractor staff:	0
Total	State staff:	40
	Contractor staff:	12,066
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$5,040,027.00
	Field Audits:	\$2,382,321.00
	Provider Self-Audits:	\$2,353,481.00
	Combination Desk/Field Audits:	\$30,261,457.00
	Cost Report Audits:	\$ 0.00
	Total:	\$40,037,286.00

Investigation and Recovery		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		170
Number of referrals made to the MFCU:		174
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:	\$18,506,349.00
	Field Audits:	\$496,829.00
	Provider self-audits:	\$2,353,481.00
	Combination desk/field audits:	\$30,261,457.00
	Cost report audits:	\$ 0.00
Total:		\$51,618,116.00
Total dollars recovered from ALL Medicaid Integrity activities		\$51,618,117.00