



**FEDERAL FISCAL YEAR 2009  
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)**



**State of Illinois**

PROGRAM CHARACTERISTICS		
<b>Medicaid Enrollment:</b>	Fee-for-service recipients:	817,993
	Comprehensive managed care:	193,155
	Primary care case management:	2,010,854
	Other:	Not Reported
	<b>Total:</b>	<b>3,022,002</b>
<b>Organizational structure for Medicaid Integrity activities:</b>	Inspector General (IG) Model	
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, SURS/Data Mining 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.	
<b>Medicaid Integrity activities that the State contracts out:</b>	Audits Other: Contractual SAS Programmer, Medicaid Transformation Grant contractors	
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$10,646,183.90	

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:	47
	Vacant:	0
	<b>Investigations:</b>	
	Filled:	Not Reported
	Vacant:	Not Reported
	<b>SURS/Data Mining:</b>	
	Filled:	19
	Vacant:	0
	<b>Provider Enrollment</b>	
	Filled:	Not Reported
	Vacant:	Not Reported
	<b>Provider Education/Communications:</b>	
	Filled:	Not Reported
	Vacant:	Not Reported
	<b>Other:</b> Not Reported	
	Filled:	71
	Vacant:	0
<b>Strategic Planning</b>		
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	For its Fee-For-Service program(s)?:	<b>Yes</b>
	For its managed care program(s)?:	<b>Yes</b>

PREVENTION		
<b>Total number of participating Medicaid providers:</b>		<b>61,378</b>
<b>Number of providers applied for enrollment in Medicaid:</b>		<b>16,623</b>
<b>Number of providers denied enrollment in Medicaid:</b>		<b>5,218</b>
<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), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Check if provider has another provider number under which the provider made inappropriate payments Other: Not Reported	
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>		<b>Yes</b>

DETECTION		
<b>State typically extrapolates overpayments:</b>		<b>Yes</b>
<b>Total number of provider audits conducted:</b>	<b>Desk Audits</b>	
	State staff:	121
	Contractor staff:	0
	<b>Field Audits</b>	
	State staff:	105
	Contractor staff:	138
	<b>Provider Self-Audits</b>	
	State staff:	8
	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:	234
	Contractor staff:	138
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b>	\$654,255.93
	<b>Field Audits:</b>	\$16,287,925.06
	<b>Provider Self-Audits:</b>	\$115,611.95
	<b>Combination Desk/Field Audits:</b>	Not Reported
	<b>Cost Report Audits:</b>	Not Reported
	<b>Total:</b>	\$17,057,792.94

INVESTIGATION AND RECOVERY		
<b>Referrals to Law Enforcement</b>		
<b>Number of referrals accepted by the MFCU:</b>		<b>26</b>
<b>Number of referrals made to the MFCU:</b>		<b>171</b>
<b>Provider Suspensions &amp; Sanctions</b>		
<b>State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:</b>		<b>Yes</b>
<b>State imposes <u>provider sanctions</u> due to inappropriate or fraudulent activities:</b>		<b>Yes</b>
<b>Cost Avoidance</b>		
<b>State calculates the dollars cost avoided from terminating providers:</b>		<b>Yes</b>
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>		<b>Yes</b>
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>		<b>Yes</b>
<b>State measures cost avoidance dollars due to policy changes:</b>		<b>No</b>
<b>Recoveries</b>		
<b>Total recoveries (\$) from provider audits:</b>	<b>Desk Audits:</b>	\$134,227.20
	<b>Field Audits:</b>	\$15,468,273.51
	<b>Provider self-audits:</b>	\$79,357.19
	<b>Combination desk/field audits:</b>	Not Reported
	<b>Cost report audits:</b>	Not Reported
	<b>Total:</b>	\$15,681,857.90
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>		<b>\$15,681,857.90</b>