



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



**State of Kentucky**

PROGRAM CHARACTERISTICS		
<b>Medicaid Enrollment:</b>	Fee-for-service recipients:	303,628
	Comprehensive managed care:	194,931
	Primary care case management:	458,954
	Other:	Not Reported
	<b>Total:</b>	<b>957,513</b>
<b>Organizational structure for Medicaid Integrity activities:</b>	Hybrid Model	
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Managed care oversight Other: Third Party Liability, provider sanctions, and terminations.	
<b>Medicaid Integrity activities that the State contracts out:</b>	Audits, SURS/Data Mining, Provider Education/Communications Other: TPL	
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$3,526,190.24	

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:	5
	Vacant:	1
	<b>Investigations:</b>	
	Filled:	12
	Vacant:	2
	<b>SURS/Data Mining:</b>	
	Filled:	5
	Vacant:	1
	<b>Provider Enrollment</b>	
	Filled:	12
	Vacant:	2
	<b>Provider Education/Communications:</b>	
	Filled:	Not Reported
	Vacant:	Not Reported
	<b>Other:</b> Not Reported	
	Filled:	Not Reported
	Vacant:	Not Reported
<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>41,152</b>
<b>Number of providers applied for enrollment in Medicaid:</b>	<b>5,700</b>
<b>Number of providers denied enrollment in Medicaid:</b>	<b>18</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), 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: Not Reported
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	<b>Yes</b>

DETECTION		
State typically extrapolates overpayments:		Yes
Total number of provider audits conducted:	<b>Desk Audits</b>	
	State staff:	209
	Contractor staff:	15
	<b>Field Audits</b>	
	State staff:	25
	Contractor staff:	6
	<b>Provider Self-Audits</b>	
	State staff:	1
	Contractor staff:	3
	<b>Combination Desk/Field audits</b>	
	State staff:	27
	Contractor staff:	0
	<b>Cost report Audits</b>	
	State staff:	9
Contractor staff:	0	
<b>Total</b>	State staff:	271
	Contractor staff:	24
Overpayments (\$) identified as a result of provider audits:	<b>Desk Audits:</b>	\$1,900,578.00
	<b>Field Audits:</b>	\$751,753.00
	<b>Provider Self-Audits:</b>	\$7,998.00
	<b>Combination Desk/Field Audits:</b>	
		\$1,601,761.00
	<b>Cost Report Audits:</b>	\$452,223.00
<b>Total:</b>		\$4,714,313.00

INVESTIGATION AND RECOVERY		
<b>Referrals to Law Enforcement</b>		
<b>Number of referrals accepted by the MFCU:</b>		4
<b>Number of referrals made to the MFCU:</b>		45
<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>No</b>
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>		<b>No</b>
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>		<b>No</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>	\$292,128.00
	<b>Field Audits:</b>	\$169,050.00
	<b>Provider self-audits:</b>	\$64,116.00
	<b>Combination desk/field audits:</b>	Not Reported
	<b>Cost report audits:</b>	Not Reported
	<b>Total:</b>	<b>\$525,294.00</b>
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>		<b>\$27,651,464.22</b>