



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



State of Michigan

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	943,758
	Comprehensive managed care:	1,050,120
	Primary care case management:	Not Reported
	Other:	Not Reported
	Total:	1,993,878
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model	
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Managed care oversight Other: The Managed care oversight provided under the scope of Medicaid Integrity is one section (6) of the site tool.	
Medicaid Integrity activities that the State contracts out:	Audits Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:	Not Reported	
PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	Not Reported
	Vacant:	Not Reported
	Investigations:	
	Filled:	Not Reported
	Vacant:	Not Reported
	SURS/Data Mining:	
	Filled:	2
	Vacant:	1
	Provider Enrollment	
	Filled:	Not Reported
	Vacant:	Not Reported
Provider Education/Communications:		
Filled:	Not Reported	
Vacant:	Not Reported	
Other: Not Reported		
Filled:	17	
Vacant:	3	
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:		58,202
Number of providers applied for enrollment in Medicaid:		4,552
Number of providers denied enrollment in Medicaid:		139
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, On-site visits, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: On-Site Visits performed for Clinical Laboratories	
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:	249
	Field Audits	
	State staff:	9
	Contractor staff:	43
	Provider Self-Audits	
	State staff:	10
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	329
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
	Contractor staff:	0
Overpayments (\$) identified as a result of provider audits:	Total	
	State staff:	348
	Contractor staff:	292
	Desk Audits:	\$696,641.24
	Field Audits:	\$6,928,882.16
	Provider Self-Audits:	\$10,800.51
	Combination Desk/Field Audits:	\$0.00
	Cost Report Audits:	\$0.00
	Total:	\$7,636,323.91

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		29
Number of referrals made to the MFCU:		29
Provider Suspensions & Sanctions		
State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:	Yes	
State imposes <u>provider sanctions</u> due to inappropriate or fraudulent activities:	Yes	
Cost Avoidance		
State calculates the dollars cost avoided from terminating providers:	Not Reported	
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:	Not Reported	
State calculates cost avoidance dollars due to changes in payment systems:	Not Reported	
State measures cost avoidance dollars due to policy changes:	Not Reported	
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$696,641.24
	Field Audits:	\$1,500,718.28
	Provider self-audits:	\$10,800.51
	Combination desk/field audits:	\$116,835.05
	Cost report audits:	\$0.00
	Total:	\$2,324,995.08
Total dollars recovered from ALL Medicaid Integrity activities		\$4,178,215.31