



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



State of South Carolina

PROGRAM CHARACTERISTICS		
Medicaid Enrollment:	Fee-for-service recipients:	419,247
	Comprehensive managed care:	286,217
	Primary care case management:	0
	Other:	77,630
	Total:	783,094
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model	
Activities that the State includes under the scope of Medicaid Integrity:	Investigations, SURS/Data Mining Other: Exclusions, recipient lock-in	
Medicaid Integrity activities that the State contracts out:	Investigations, SURS/Data Mining Other: Not Reported	
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$2,751,502.00	

PLANNING		
Staffing		
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits:	
	Filled:	0
	Vacant:	0
	Investigations:	
	Filled:	0
	Vacant:	0
	SURS/Data Mining:	
	Filled:	3
	Vacant:	0
	Provider Enrollment	
	Filled:	0
	Vacant:	0
	Provider Education/Communications:	
	Filled:	0
	Vacant:	0
	Other: Not Reported	
	Filled:	18
	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:	46,070
Number of providers applied for enrollment in Medicaid:	0
Number of providers denied enrollment in Medicaid:	0
Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:	In-state licensing board, HHS OIG's List of Excluded Individuals and Entities (LEIE), GSA's Excluded Parties List System, Credentialing Other: State exclusion website
State maintains its own list of providers who have been involuntarily dis-enrolled:	Yes

DETECTION		
State typically extrapolates overpayments:		No
Total number of provider audits conducted:	Desk Audits	
	State staff:	299
	Contractor staff:	0
	Field Audits	
	State staff:	140
	Contractor staff:	0
	Provider Self-Audits	
	State staff:	234
	Contractor staff:	0
	Combination Desk/Field audits	
	State staff:	0
	Contractor staff:	0
	Cost report Audits	
	State staff:	0
Contractor staff:	0	
Total		
	State staff:	673
Contractor staff:	0	
Overpayments (\$) identified as a result of provider audits:	Desk Audits:	\$941,293.00
	Field Audits:	\$2,574,856.00
	Provider Self-Audits:	\$4,116,030.00
	Combination Desk/Field Audits:	\$0.00
	Cost Report Audits:	\$0.00
	Total:	\$7,632,179.00

INVESTIGATION AND RECOVERY		
Referrals to Law Enforcement		
Number of referrals accepted by the MFCU:		8
Number of referrals made to the MFCU:		8
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:		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:		Yes
Recoveries		
Total recoveries (\$) from provider audits:	Desk Audits:	\$798,424.00
	Field Audits:	\$1,133,678.00
	Provider self-audits:	\$3,575,366.00
	Combination desk/field audits:	\$0.00
	Cost report audits:	\$0.00
	Total:	\$5,507,468.00
Total dollars recovered from ALL Medicaid Integrity activities		\$11,676,618.00