



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



**State of District of Columbia**

PROGRAM CHARACTERISTICS	
<b>Medicaid Enrollment:</b>	Fee-for-service recipients: 53,719 Comprehensive managed care: 103,067 Primary care case management: Not Reported Other: Not Reported Total: 156,786
<b>Organizational structure for Medicaid Integrity activities:</b>	Distinct Program Integrity Model
<b>Activities that the State includes under the scope of Medicaid Integrity:</b>	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Third Party Liability
<b>Medicaid Integrity activities that the State contracts out:</b>	Other: Not Reported
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$4,155,715.00

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:	0
Vacant:	0
<b>Investigations:</b>	
Filled:	4
Vacant:	0
<b>SURS/Data Mining:</b>	
Filled:	7
Vacant:	0
<b>Provider Enrollment</b>	
Filled:	1
Vacant:	0
<b>Provider Education/Communications:</b>	
Filled:	0
Vacant:	0
<b>Other: Not Reported</b>	
Filled:	3
Vacant:	1
<b>Strategic Planning</b>	
<b>State has a documented strategic plan to address Medicaid Integrity:</b>	
For its Fee-For-Service program(s)?:	No
For its managed care program(s)?:	No

PREVENTION	
<b>Total number of participating Medicaid providers:</b>	6,773
<b>Number of providers applied for enrollment in Medicaid:</b>	2,114
<b>Number of providers denied enrollment in Medicaid:</b>	98
<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), On-site visits, Criminal background investigations, Credentialing Other: All above vary by provider type
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	No

DETECTION	
<b>State typically extrapolates overpayments:</b>	No
<b>Total number of provider audits conducted:</b>	
<b>Desk Audits</b>	
State staff:	21
Contractor staff:	Not Reported
<b>Field Audits</b>	
State staff:	0
Contractor staff:	Not Reported
<b>Provider Self-Audits</b>	
State staff:	3
Contractor staff:	Not Reported
<b>Combination Desk/Field audits</b>	
State staff:	17
Contractor staff:	Not Reported
<b>Cost report Audits</b>	
State staff:	Not Reported
Contractor staff:	50
<b>Total</b>	
State staff:	41
Contractor staff:	50
<b>Overpayments (\$) identified as a result of provider audits:</b>	
<b>Desk Audits:</b>	Not Reported
<b>Field Audits:</b>	Not Reported
<b>Provider Self-Audits:</b>	\$131,699.99
<b>Combination Desk/Field Audits:</b>	\$1,336,456.59
<b>Cost Report Audits:</b>	\$712,346.00
<b>Total:</b>	\$2,180,502.58

INVESTIGATION AND RECOVERY	
<b>Referrals to Law Enforcement</b>	
<b>Number of referrals accepted by the MFCU:</b>	19
<b>Number of referrals made to the MFCU:</b>	25
<b>Provider Suspensions &amp; Sanctions</b>	
<b>State imposes <u>provider payment suspensions</u> due to inappropriate or fraudulent activities:</b>	Yes
<b>State imposes <u>provider sanctions</u> due to inappropriate or fraudulent activities:</b>	Yes
<b>Cost Avoidance</b>	
<b>State calculates the dollars cost avoided from terminating providers:</b>	No
<b>State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:</b>	No
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>	No
<b>State measures cost avoidance dollars due to policy changes:</b>	Yes
<b>Recoveries</b>	
<b>Total recoveries (\$) from provider audits:</b>	
<b>Desk Audits:</b>	Not Reported
<b>Field Audits:</b>	Not Reported
<b>Provider self-audits:</b>	\$131,699.99
<b>Combination desk/field audits:</b>	\$1,316,151.61
<b>Cost report audits:</b>	\$4,756,189.07
<b>Total:</b>	\$6,204,040.67
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>	\$18,462,393.07