



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



**State of South Carolina**

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

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:	0
	Vacant:	0
	<b>SURS/Data Mining:</b>	
	Filled:	3
	Vacant:	0
	<b>Provider Enrollment</b>	
	Filled:	0
	Vacant:	0
	<b>Provider Education/Communications:</b>	
	Filled:	0
	Vacant:	0
<b>Other: Not Reported</b>		
Filled:	18	
Vacant:	3	
<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>46,070</b>
<b>Number of providers applied for enrollment in Medicaid:</b>	0
<b>Number of providers denied enrollment in Medicaid:</b>	0
<b>Pre-enrollment screening conducted on individuals/entities applying for Medicaid provider numbers:</b>	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
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	Yes

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

INVESTIGATION AND RECOVERY	
<b>Referrals to Law Enforcement</b>	
<b>Number of referrals accepted by the MFCU:</b>	8
<b>Number of referrals made to the MFCU:</b>	8
<b>Provider Suspensions &amp; Sanctions</b>	
<b>State imposes provider payment suspensions due to inappropriate or fraudulent activities:</b>	Yes
<b>State imposes provider sanctions 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>	\$798,424.00
<b>Field Audits:</b>	\$1,133,678.00
<b>Provider self-audits:</b>	\$3,575,366.00
<b>Combination desk/field audits:</b>	\$0.00
<b>Cost report audits:</b>	\$0.00
<b>Total:</b>	<b>\$5,507,468.00</b>
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>	<b>\$11,676,618.00</b>