



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



State of New York

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 1,192,745 Comprehensive managed care: 2,957,596 Primary care case management: 16,539 Other: 27,093 Total: 4,193,973
Organizational structure for Medicaid Integrity activities:	Inspector General (IG) Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Enrollment, Provider Education/Communications, Managed care oversight Other: Third Party Liability; Restricted Recipient Program
Medicaid Integrity activities that the State contracts out:	Audits, Investigations, SURS/Data Mining Other: Development and maintenance of the Fraud Activity Comprehensive Tracking System; FAMS consultants
Estimate of expenditures (\$) for Medicaid Integrity activities:	\$66,195,849.00
PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: 326 Vacant: 54 Investigations: Filled: 94 Vacant: 27 SURS/Data Mining: Filled: 30 Vacant: 8 Provider Enrollment Filled: 4 Vacant: 0.6 Provider Education/Communications: Filled: 0 Vacant: 1 Other: Not Reported Filled: 133 Vacant: 52
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:	107,062
Number of providers applied for enrollment in Medicaid:	13,599
Number of providers denied enrollment in Medicaid:	92
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, Choice Point or Lexis-Nexis reviews, On-site visits, Credentialing, Payroll Tax Records, Check if provider has another provider number under which the provider made inappropriate payments Other: OMIG Disqualified Provider List; NYS Database Sanction List for Out-of-State Providers
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: 1,517 Contractor staff: 0 Field Audits State staff: 441 Contractor staff: 60 Provider Self-Audits State staff: 87 Contractor staff: 0 Combination Desk/Field audits State staff: 5 Contractor staff: 0 Cost report Audits State staff: 64 Contractor staff: 10 Total State staff: 2,114 Contractor staff: 70
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$89,757,885.00 Field Audits: (\$10,660,358.00) Provider Self-Audits: \$8,701,772.00 Combination Desk/Field Audits: \$1,467,168.00 Cost Report Audits: \$41,184,697.00 Total: \$130,451,164.00

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	30
Number of referrals made to the MFCU:	192
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:	Yes
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:	No
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: \$79,137,905.00 Field Audits: \$24,171,237.00 Provider self-audits: \$7,609,037.00 Combination desk/field audits: \$384,045.00 Cost report audits: \$19,757,472.00 Total: \$131,059,696.00
Total dollars recovered from ALL Medicaid Integrity activities	\$676,000,578.00