



FEDERAL FISCAL YEAR 2009  
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of New York

PROGRAM CHARACTERISTICS	
<b>Medicaid Enrollment:</b>	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
<b>Organizational structure for Medicaid Integrity activities:</b>	Inspector General (IG) 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; Restricted Recipient Program
<b>Medicaid Integrity activities that the State contracts out:</b>	Audits, Investigations, SURS/Data Mining Other: Development and maintenance of the Fraud Activity Comprehensive Tracking System; FAMS consultants
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$66,195,849.00

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: 326 Vacant: 54
<b>Investigations:</b>	Filled: 94 Vacant: 27
<b>SURS/Data Mining:</b>	Filled: 30 Vacant: 8
<b>Provider Enrollment</b>	Filled: 4 Vacant: 0.6
<b>Provider Education/Communications:</b>	Filled: 0 Vacant: 1
<b>Other: Not Reported</b>	Filled: 133 Vacant: 52
<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>	107,062
<b>Number of providers applied for enrollment in Medicaid:</b>	13,599
<b>Number of providers denied enrollment in Medicaid:</b>	92
<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), 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
<b>State maintains its own list of providers who have been involuntarily dis-enrolled:</b>	Yes

DETECTION	
<b>State typically extrapolates overpayments:</b>	Yes
<b>Total number of provider audits conducted:</b>	
<b>Desk Audits</b>	State staff: 1,517 Contractor staff: 0
<b>Field Audits</b>	State staff: 441 Contractor staff: 60
<b>Provider Self-Audits</b>	State staff: 87 Contractor staff: 0
<b>Combination Desk/Field audits</b>	State staff: 5 Contractor staff: 0
<b>Cost report Audits</b>	State staff: 64 Contractor staff: 10
<b>Total</b>	State staff: 2,114 Contractor staff: 70
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b> \$89,757,885.00 <b>Field Audits:</b> (\$10,660,358.00) <b>Provider Self-Audits:</b> \$8,701,772.00 <b>Combination Desk/Field Audits:</b> \$1,467,168.00 <b>Cost Report Audits:</b> \$41,184,697.00 <b>Total:</b> \$130,451,164.00

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