



FEDERAL FISCAL YEAR 2009
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Michigan

PROGRAM CHARACTERISTICS	
Medicaid Enrollment:	Fee-for-service recipients: 943,758 Comprehensive managed care: 1,050,120 Primary care case management: Not Reported Other: Not Reported Total: 1,993,878
Organizational structure for Medicaid Integrity activities:	Distinct Program Integrity Model
Activities that the State includes under the scope of Medicaid Integrity:	Audits, Investigations, SURS/Data Mining, Provider Education/Communications, Managed care oversight Other: The Managed care oversight provided under the scope of Medicaid Integrity is one section (6) of the site tool.
Medicaid Integrity activities that the State contracts out:	Audits Other: Not Reported
Estimate of expenditures (\$) for Medicaid Integrity activities:	Not Reported
PLANNING	
Staffing	
Total number of full-time equivalent employees (FTEs) for all functions considered to be Medicaid Integrity:	Audits: Filled: Not Reported Vacant: Not Reported Investigations: Filled: Not Reported Vacant: Not Reported SURS/Data Mining: Filled: 2 Vacant: 1 Provider Enrollment Filled: Not Reported Vacant: Not Reported Provider Education/Communications: Filled: Not Reported Vacant: Not Reported Other: Not Reported Filled: 17 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:	58,202
Number of providers applied for enrollment in Medicaid:	4,552
Number of providers denied enrollment in Medicaid:	139
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, On-site visits, Credentialing, Check if provider has another provider number under which the provider made inappropriate payments Other: On-Site Visits performed for Clinical Laboratories
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: 0 Contractor staff: 249 Field Audits State staff: 9 Contractor staff: 43 Provider Self-Audits State staff: 10 Contractor staff: 0 Combination Desk/Field audits State staff: 329 Contractor staff: 0 Cost report Audits State staff: 0 Contractor staff: 0 Total State staff: 348 Contractor staff: 292
Overpayments (\$) identified as a result of provider audits:	Desk Audits: \$696,641.24 Field Audits: \$6,928,882.16 Provider Self-Audits: \$10,800.51 Combination Desk/Field Audits: \$0.00 Cost Report Audits: \$0.00 Total: \$7,636,323.91

INVESTIGATION AND RECOVERY	
Referrals to Law Enforcement	
Number of referrals accepted by the MFCU:	29
Number of referrals made to the MFCU:	29
Provider Suspensions & Sanctions	
State imposes provider payment suspensions due to inappropriate or fraudulent activities:	Yes
State imposes provider sanctions due to inappropriate or fraudulent activities:	Yes
Cost Avoidance	
State calculates the dollars cost avoided from terminating providers:	Not Reported
State calculates the dollars cost avoided from providers that withdrew due to program integrity concerns:	Not Reported
State calculates cost avoidance dollars due to changes in payment systems:	Not Reported
State measures cost avoidance dollars due to policy changes:	Not Reported
Recoveries	
Total recoveries (\$) from provider audits:	Desk Audits: \$696,641.24 Field Audits: \$1,500,718.28 Provider self-audits: \$10,800.51 Combination desk/field audits: \$116,835.05 Cost report audits: \$0.00 Total: \$2,324,995.08
Total dollars recovered from ALL Medicaid Integrity activities	\$4,178,215.31