



FEDERAL FISCAL YEAR 2009  
STATE PROGRAM INTEGRITY ASSESSMENT (SPIA)



State of Illinois

PROGRAM CHARACTERISTICS	
<b>Medicaid Enrollment:</b>	Fee-for-service recipients: 817,993 Comprehensive managed care: 193,155 Primary care case management: 2,010,854 Other: Not Reported Total: 3,022,002
<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, SURS/Data Mining Other: Administrative Litigation, Administrative Services, Fraud and Abuse Executive, Special Provider Audits, Administration. All of these activities noted in #8 are within the Office of Inspector General.
<b>Medicaid Integrity activities that the State contracts out:</b>	Audits Other: Contractual SAS Programmer, Medicaid Transformation Grant contractors
<b>Estimate of expenditures (\$) for Medicaid Integrity activities:</b>	\$10,646,183.90

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: 47 Vacant: 0 <b>Investigations:</b> Filled: Not Reported Vacant: Not Reported <b>SURS/Data Mining:</b> Filled: 19 Vacant: 0 <b>Provider Enrollment</b> Filled: Not Reported Vacant: Not Reported <b>Provider Education/Communications:</b> Filled: Not Reported Vacant: Not Reported <b>Other:</b> Not Reported Filled: 71 Vacant: 0
<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>61,378</b>
<b>Number of providers applied for enrollment in Medicaid:</b>	16,623
<b>Number of providers denied enrollment in Medicaid:</b>	5,218
<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), Choice Point or Lexis-Nexis reviews, On-site visits, Criminal background investigations, Check if provider has another provider number under which the provider made inappropriate payments Other: Not Reported
<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: 121 Contractor staff: 0 <b>Field Audits</b> State staff: 105 Contractor staff: 138 <b>Provider Self-Audits</b> State staff: 8 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: 234 Contractor staff: 138
<b>Overpayments (\$) identified as a result of provider audits:</b>	<b>Desk Audits:</b> \$654,255.93 <b>Field Audits:</b> \$16,287,925.06 <b>Provider Self-Audits:</b> \$115,611.95 <b>Combination Desk/Field Audits:</b> Not Reported <b>Cost Report Audits:</b> Not Reported <b>Total:</b> \$17,057,792.94

INVESTIGATION AND RECOVERY	
<b>Referrals to Law Enforcement</b>	
<b>Number of referrals accepted by the MFCU:</b>	26
<b>Number of referrals made to the MFCU:</b>	171
<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>	Yes
<b>State calculates cost avoidance dollars due to changes in payment systems:</b>	Yes
<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> \$134,227.20 <b>Field Audits:</b> \$15,468,273.51 <b>Provider self-audits:</b> \$79,357.19 <b>Combination desk/field audits:</b> Not Reported <b>Cost report audits:</b> Not Reported <b>Total:</b> \$15,681,857.90
<b>Total dollars recovered from ALL Medicaid Integrity activities</b>	\$15,681,857.90